

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90021 045 ****61.25

DOCUMENT # N20347
 1. Entity Name
UNITED WAY OF HERNANDO COUNTY, INC.

Principal Place of Business Mailing Address
4040 COMMERCIAL WAY 4040 COMMERCIAL WAY
SPRING HILL FL 34606 SPRING HILL FL 34606-2398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2848474 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHRIEVES, SAM
4040 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	JONES, JAMES	
STREET ADDRESS	404 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NOLZHAUER, ERNIE	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GIGUERE, KEVIN	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHRIEVES, SAM	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER DRY	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel H. Shrieves* **4/20/00** **356-686-7911**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)