

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90084 004 \*\*\*\*61.25

**DOCUMENT # N97000004960**



1. Entity Name  
**HERNANDO COMPUTER CLUB, INC.**

Principal Place of Business  
**13400 MONTGOM ST  
SPRING HILL, FL 34608**

Mailing Address  
**POST OFFICE BOX 6392  
SPRING HILL, FL 34611-6392**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3483756**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BERGERON, RICHARD L  
1460 ALAMEDA DR  
SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **JOHN LUBERTOWICZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**7221 ALOE DRIVE**  
City **SPRING HILL** FL Zip Code **34606**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Lubertowicz*  
Signature of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/1/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	VANDERLUS, GERRY	
STREET ADDRESS	10385 LOCKER DR	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERGERON, RICHARD	
STREET ADDRESS	1460 ALAMEDA DR	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERGERON, DICK	
STREET ADDRESS	1460 ALAMEDA DR	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COPP, JOE	
STREET ADDRESS	2487 RUNNING OAK CT	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADIGAN, ANNE MARIE	
STREET ADDRESS	12128 KATHERWOOD ST	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN LUBERTOWICZ, D	
STREET ADDRESS	7221 ALOE DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	VICE PRESIDENT, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA WOERTZ	
STREET ADDRESS	6036 NOCKLYN	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	SECRETARY, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN QUAST	
STREET ADDRESS	9669 SCEPTER AVE	
CITY-ST-ZIP	SPRING HILL, FL 34613	
TITLE	TREASURER, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE COPP	
STREET ADDRESS	2487 RUNNING OAK CT	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE VANDERLUS, D	
STREET ADDRESS	10385 LOCKER DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
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 officers empowered.

SIGNATURE: *John Lubertowicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/1/03** Daytime Phone #

CR2E037 (10/02)