

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003426

FILED
Feb 11, 2019
Secretary of State
3797601076CC

Entity Name: HERNANDO COUNTY USBC ASSOCIATION, INC.

Current Principal Place of Business:

9297 ELIDA ROAD
SPRING HILL, FL 34608

Current Mailing Address:

9297 ELIDA ROAD
SPRING HILL, FL 34608

FEI Number: 75-3184025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWERS, DUANE M
9297 ELIDA ROAD
SPRING HILL, FL 34608 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE SECRETARY
Name BOWERS, DUANE M
Address 9297 ELIDA ROAD
City-State-Zip: SPRING HILL FL 34608

Title PRESIDENT
Name ULM, STEPHEN
Address 318 WOODSTREAM WAY
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR
Name SHORT, MARY JO
Address 9068 CROOM RITAL RD
City-State-Zip: BROOKSVILLE FL 64602

Title VP
Name KIERZYNSKI, MICHAEL J
Address 5365 KEYSULLE AVE
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR
Name LITTLE, RUSSEL
Address 9297 ELIDA ROAD
City-State-Zip: SPRING HILL FL 34608

Title VP
Name DAVIDSON, BILL M
Address 10433 MATTERHORN CT
City-State-Zip: SPRING HILL FL 34608

Title VP
Name WOOD, NANCY M
Address 18635 WILDLIFE TRAIL
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR
Name BLOCK, SPOOKY
Address 11710 LINDEN DR
City-State-Zip: SPRING HILL FL 34608

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN ULM

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATOS, THERESA
Address 61 BELLS OF IRELAND CT
City-State-Zip: HOMMOSASSA FL 34446

Title DIRECTOR
Name TOUCET, MICHELE R
Address 4549 LISETTE CIR
City-State-Zip: BROOKSVILLE FL 34604

Title DIRECTOR
Name WEBB, GARALDINE M
Address 12140 TIMBER LN
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name MILITSCHER, LE ANN
Address 12086 RASCHKE RUN
City-State-Zip: BROOKSVILLE FL 34614

Title DIRECTOR
Name MATOS, AGUSTIN JR.
Address 61 BELLS OF IRELAND CT
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name TRENTON, LONNIE JR.
Address 8452 NIGHTINGALE RD
City-State-Zip: WEEKI WACHEE FL 34613

Title DIRECTOR
Name YOUNG, TONY
Address 17639 DR GLENDA
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR
Name MILITSCHER, TOM G
Address 12086 RASCHKE RUN
City-State-Zip: BROOKSVILLE FL 34614