

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90744 044 ****61.25

DOCUMENT # 706777

1. Entity Name

APACHE CLUB OF HERNANDO INC



Principal Place of Business

**4789 N APACHE TRL.
HERNANDO FL 34442
US**

Mailing Address

**4789 N APACHE TRL.
HERNANDO FL 34442
US**

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 **59-2954921**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENNIS, GENEVIEVE

**4463 N PIONEER TERR
HERNANDO FL 34442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	STROBECK, EVELYN	4701 N. APACHE TR HERNANDO FL 34442	<input type="checkbox"/>
	S	MORSE, YVONNE	3525 E.EAGLE TR HERNANDO FL 34442	<input type="checkbox"/>
	T	ENNIS, GENEVIEVE	4463 N PIONEER TERR HERNANDO FL 34442	<input type="checkbox"/>
	D	SIMPSON, KAY	3505 TEPEE LN HERNANDO FL 34442	<input type="checkbox"/>
	D	CRASPER, ALICE	3313 E BUFFALO LANE HERNANDO FL 34442	<input type="checkbox"/>
	PD	STRATTON, DALE	3501 E.DOER RUN LANE HERNANDO FL 34442	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Genevieve C. Ennis* **Genevieve C. ENNIS** Mar 10 2003 726-4210

CR2E037 (10/02)