## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 722904** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name HERNANDO COUNTY SERTOMA CLUB, INC. 04-17-2000 90033 019 \*\*\*\*61.25 Principal Place of Business Mailing Address 1715 SPRING HILL DRIVE 1715 SPRING HILL DRIVE P.O. BOX 3267 P.O. BOX 3267 SPRINGS HILL FL 34606 SPRINGS HILL FL 34611-3267 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 51-0224611 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Nur eptablعت UNDERWOOD, ALAN W 210 OLIVE ST. **BROOKSVILLE FL 33512** City 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 Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME HAINES, GORDON DECEASED STREET ADDRESS STREET ADDRESS 7213 WEST TERN CIRCLE DR 3/99 CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34618** TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME HAINES, GLEN NAME STREET ADDRESS STREET ADDRESS 1362 WATERFALL DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL TITLE ☐ Delete TITLE Change Addition NAME WELLS, WILLIAM NAME STREET ADDRESS STREET ADDRESS 5341 JOYNER AVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE **HUMMEL, CHARLES** NAME NAME STREET ADDRESS STREET ADDRESS 13498 LAWRENCE STREET CITY-ST-ZIP CITY-ST-ZIP Spring Hill Fl Delete TITLE ☐ Change ☐ Addition TITLE NAME ROWLEY, JAMES NAME STREET ADDRESS STREET ADDRESS 11409 SPRING HILL DR CITY-ST-ZIP CITY-ST-ZIP SRPING HILL FL TITLE ☐ Change ☐ Addition TITLE Delete GIBBONS, JOHN T. NAME NAME STREET ADDRESS STREET ADDRESS 7368 ACORN CIR. CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL 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 attachme