

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90129 023 \*\*\*\*61.25

**DOCUMENT # 722904**

1. Entity Name

**HERNANDO COUNTY SERTOMA CLUB, INC.**

Principal Place of Business

1715 SPRING HILL DRIVE  
P.O. BOX 3267  
SPRINGS HILL FL 34606

Mailing Address

1715 SPRING HILL DRIVE  
P.O. BOX 3267  
SPRINGS HILL FL 34606

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

**51-0224611**

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

**UNDERWOOD, ALAN W**  
**210 OLIVE ST.**  
**BROOKSVILLE FL 33512**

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HAINES, CLEM**  
STREET ADDRESS **1362 WATERFALL DR**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34608**

TITLE **BD** ☐ Delete  
NAME **WELLS, WILLIAM**  
STREET ADDRESS **5341 JOYNER AVE**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34608**

TITLE **P** ☐ Delete  
NAME **HUMMEL, CHARLES**  
STREET ADDRESS **13498 LAWRENCE STREET**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☒ Change ☐ Addition  
NAME **Hummel, CHARLES**  
STREET ADDRESS **13498 LAWRENCE STREET**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **T** ☒ Delete  
NAME **GIBBONS, JOHN T.**  
STREET ADDRESS **7368 ACORN CIR.**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **EUGENE SCHROEPFER**  
CITY-ST-ZIP **6267 WARECROSS CT**  
**SPRING HILL, FL 34606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **RICHARD H BRADTMULLER**  
CITY-ST-ZIP **6380 EVARD AVE**  
**SPRING HILL, FL 34608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **WESLEY FISHER**  
CITY-ST-ZIP **16517 DIPLOMAT DRIVE**  
**SPRING HILL, FL 34610**

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:

*Richard H Bradtmuller*

REQUIRED

**RICHARD H BRADTMULLER**

**7-29-02**

**352-683-6040**

CR2E037 (4/02)