

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732120

1. Entity Name

Weeki Wachee Woodlands Civic and Improvement Association, Inc

Principal Place of Business

Mailing Address

4126 Redwing Drive  
Spring Hill, FL 34606

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

Same

Country

USA

Zip

Same

Country

USA

4. FEI Number

59-1644202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Mary E Adams

Street Address (P.O. Box Number is Not Acceptable)

4126 Redwing Drive

City Spring Hill

FL

Zip Code 34606

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 *Mary E. Adams* Mary E Adams, Treasurer

07-21-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President: ☒ Delete

NAME Jerome Remkiewicz  
STREET ADDRESS Rt 7 Box 157 F2  
CITY-ST-ZIP Brooksville, FL

TITLE Vice-President: ☒ Delete

NAME Rex Larabee  
STREET ADDRESS Rt 7 Box 1570  
CITY-ST-ZIP Brooksville, FL

TITLE Secretary: ☒ Delete

NAME Dorothy Badovinac  
STREET ADDRESS Rt 7 Box 1573  
CITY-ST-ZIP Brooksville, FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *D/*President: ☐ Change ☒ Addition

NAME Jeanette Sprague  
STREET ADDRESS 4126 Arrowhead Avenue  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE *D/*Vice-President: ☐ Change ☒ Addition

NAME Mary Gill  
STREET ADDRESS 4044 Sugarfoot Drive  
CITY-ST-ZIP Spring Hill FL 34606

TITLE Secretary: ☐ Change ☒ Addition

NAME Blanche Long  
STREET ADDRESS 7468 Navajo Drive  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

900004540509--0  
-08/17/01--01078--001

\*\*\*1155.00 \*\*\*1155.00

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Adams* Mary E Adams

07-21-01

352/683-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)