

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732120

1. Entity Name

WEEKI WACHEE WOODLANDS CMIC AND IMPROVEMENT ASS
OCIATION, INC.

Principal Place of Business

4126 REDWING DRIVE
SPRING HILL FL 34606

Mailing Address

4126 REDWING DRIVE
SPRING HILL FL 34606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1644202

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MARY-E
4126 REDWING DRIVE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, JEANETTE	
STREET ADDRESS	4126 ARROWHEAD AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GILL, MARY	
STREET ADDRESS	4044 SUGARFOOT DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LONG, BLANCHE	
STREET ADDRESS	7468 NAVAJO DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY E ADAMS	
STREET ADDRESS	4126 REDWING DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606-2425	
TITLE	DIRECTOR/VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT BERGMAN	
STREET ADDRESS	7478 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHE LONG	
STREET ADDRESS	7468 NAVAJO DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARY E ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Apr 2002

Date

352 683-8211

Daytime Phone

CR2E037 (9/01)