2/28/01

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746856

1. Entity Name

HERNANDO BUILDERS ASSOCIATION, INCORPORATED

FILED
01 APR 23 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7391 SUNSHINE GROVE RD. BROOKSVILLE FL 34613	7391 SUNSHINE GROVE RD. BROOKSVILLE FL 34613

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 59-1896342 — 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
BECKWITH,NITA H. EXECUTIVE DIRECTOR 7391 SUNSHINE GROVE ROAD BROOKSVILLE FL 34613-1821	Name: GRECO, SUSAN B. Street Address (P.O. Box Number is Not Acceptable): EXECUTIVE DIRECTOR 7391 Sunshine Grove Road City: Brooksville FL Zip Code: 34613

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: Susan B Greco — 2/2/01 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD NAME DODGE, BRUCE STREET ADDRESS 375 S BROAD STREET CITY-ST-ZIP BROOKSVILLE FL 34601	☐ Delete	TITLE Executive Director NAME Susan Greco STREET ADDRESS 5301 Boswell Road CITY-ST-ZIP Spring Hill, FL 34608	☐ Change ☒ Addition
TITLE PD NAME MAZZUCO JR, JOSEPH STREET ADDRESS 10153 CORTEZ BLVD CITY-ST-ZIP BROOKSVILLE FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME HILL, STEVEN STREET ADDRESS 31095 CORTEZ BLVD CITY-ST-ZIP BROOKSVILLE FL 34601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME GLOVER, STUART STREET ADDRESS 8245 RIVER COUNTY DRIVE CITY-ST-ZIP SPRING HILL FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME FUTRELL, JAMES STREET ADDRESS 18420 POWELL RD CITY-ST-ZIP BROOKSVILLE FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SP

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*****61.25

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: Susan B Greco — 2/2/01 Date — (352) 596-1114 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR