

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746856

Entity Name

HERNANDO BUILDERS ASSOCIATION, INCORPORATED

Principal Place of Business

7391 SUNSHINE GROVE RD.
BROOKSVILLE FL 34613

Mailing Address

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

GRECO, SUSAN B
EXECUTIVE DIRECTOR
7391 SUNSHINE GROVE ROAD
BROOKSVILLE FL 34613

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	DODGE, BRUCE	
STREET ADDRESS	375 S BROAD STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	PD	☐ Delete
NAME	MAZZUCO JR, JOSEPH	
STREET ADDRESS	10153 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

TITLE	VD	☐ Delete
NAME	HILL, STEVEN	
STREET ADDRESS	31095 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	TD	☐ Delete
NAME	GLOVER, STUART	
STREET ADDRESS	8245 RIVER COUNTY DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34607	

TITLE	SD	☐ Delete
NAME	FUTRELL, JAMES	
STREET ADDRESS	18420 POWELL RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

TITLE	ED	☐ Delete
NAME	GRECO, SUSAN	
STREET ADDRESS	5301 BOSWELL ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE	☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-21-2002 90043 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)