

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90470 042 ****61.25

DOCUMENT # 747875

1. Entity Name
HERNANDO CIVIC CENTER, INC.

Principal Place of Business Mailing Address
HERNANDO CIVIC CLUB **P.O. BOX 852**
3848 E. PARSONS POINT RD. **P.O. BOX 852**
HERNANDO FL 34442 **HERNANDO FL 32642**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country
 34442 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2401116** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CARLSON, KENNETH E
2560 N. PARK PT.
HERNANDO FL 34442

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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARLSON, KENNETH E 2560 N. PARK PT. HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition Carolyn F. Dunn 928 N. Foxrun Terr. Inverness, FL. 34453-1523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOBLE, DAVIS 4330 N. FROLY PT HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition Christopher, Ralph 2546 N. Treasure Pt. Hernando, FL. 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMERSMA, MADELINE 3190 BLUE WATER DRIVE HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition Hammersma, Madeline 3910 Bluewater Dr. Hernando, FL. 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TULLY, FLORA 2915 N. KENT POINT HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition VarVel, Barbara 3547 N. Ventura Village, Hernando, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIRMAN, TED 3081 N. WHEATON POINT HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Carlson, Marge 2560 N. Park Pt. Hernando, FL. 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEECH, MILDRED 2461 N. TODD POINT HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Demmaris, Theresa 3841 E. Parson Point Rd. Hernando, FL. 34442

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]* **3-8-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)