

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90021 013 ****61.25

0087116

DOCUMENT # 747875

1. Entity Name

HERNANDO CIVIC CENTER, INC.

Principal Place of Business

**HERNANDO CIVIC CLUB
 3848 E. PARSONS POINT RD.
 HERNANDO FL 34442
 US**

Mailing Address

**P.O. BOX 852
 P.O. BOX 852
 HERNANDO FL 32642
 US**

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 **59-2401116**

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

**CARLSON, KENNETH E
 2560 N. PARK PT.
 HERNANDO FL 34442**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **CARLSON, KENNETH E**
 STREET ADDRESS **2560 N. PARK PT.**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **Pres.** ☐ Change ☐ Addition
 NAME **Dunn, Carolyn F.**
 STREET ADDRESS **928 N. Foxrun Terrace**
 CITY-ST-ZIP **Inverness, FL. 34453-1523**

TITLE **VD** ☒ Delete
 NAME **NOBLE, DAVIS**
 STREET ADDRESS **4330 N. FROLY PT**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **Vice** ☐ Change ☐ Addition
 NAME **P. Christopher, Ralph**
 STREET ADDRESS **2546 N. Treasure Point**
 CITY-ST-ZIP **Hernando, FL. 34442**

TITLE **T** ☐ Delete
 NAME **HAMERSMA, MADELINE**
 STREET ADDRESS **3190 BLUE WATER DRIVE**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **Treas.** ☐ Change ☐ Addition
 NAME **Hamersma, Madeline**
 STREET ADDRESS **3900 Bluewater Drive**
 CITY-ST-ZIP **Hernando, FL. 34442**

TITLE **S** ☒ Delete
 NAME **TULLY, FLORA**
 STREET ADDRESS **2915 N. KENT POINT**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **Sec.** ☐ Change ☐ Addition
 NAME **Varvel, Barbara**
 STREET ADDRESS **3547 N. Ventura Village**
 CITY-ST-ZIP **Hernando, FL. 34442**

TITLE **D** ☒ Delete
 NAME **KEIRMAN, TED**
 STREET ADDRESS **3081 N. WHEATON POINT**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **Dir.** ☐ Change ☐ Addition
 NAME **DeMarrais, Theresa**
 STREET ADDRESS **P.O. Box 119**
 CITY-ST-ZIP **Hernando, FL. 34442**

TITLE **D** ☐ Delete
 NAME **KEECH, MILDRED**
 STREET ADDRESS **2461 N. TODD POINT**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **Dir.** ☐ Change ☐ Addition
 NAME **Keech, Millie**
 STREET ADDRESS **2461 N. Todd Point**
 CITY-ST-ZIP **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)