

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

3/

03-31-2003 90292 004 ****61.25

DOCUMENT # 747875

1. Entity Name

HERNANDO CIVIC CENTER, INC.



Principal Place of Business

Mailing Address

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

**P.O. BOX 852
P.O. BOX 852
HERNANDO FL 34442
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

☐ CHECK HERE IF MAKING CHANGES



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 **Bannister, Judy**

Street Address (P.O. Box Number is Not Acceptable)

4168 E. Alabama Lane

City **Hernando**

FL

Zip Code
34442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judith M Bannister President Judith M Bannister* 3/15/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	CARLSON, KENNETH E	
STREET ADDRESS	2560 N. PARK PT.	
CITY-ST-ZIP	HERNANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, RALPH	
STREET ADDRESS	2548 N. TREASURE POINT	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMERSMA, MADELINE	
STREET ADDRESS	3190 BLUE WATER DRIVE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAREL, BARBARA	
STREET ADDRESS	3547 N. VENTURA VILLAGE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMARRAIS, THERESA	
STREET ADDRESS	3081 N. WHEATON POINT	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEECH, MILDRED	
STREET ADDRESS	2481 N. TODD POINT	
CITY-ST-ZIP	HERNANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Bannister	
STREET ADDRESS	4168 E. Alabama Lane	
CITY-ST-ZIP	Hernando, FL 34442	
TITLE	2nd Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elaine Harrington	
STREET ADDRESS	5396 N. Irving Park XXX Drive	
CITY-ST-ZIP	Hernando, FL 34442	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Esler	
STREET ADDRESS	998 E. Wacker Street	
CITY-ST-ZIP	Hernando, FL 34442	
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: *Judith M Bannister*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2003 352-344-9833
Date Daytime Phone #

CRCE037 (10/02)