

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753243

1. Entity Name

HERNANDO SPORTSMAN'S CLUB, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90042 036 ****61.25

Principal Place of Business

17045 COMMERCIAL HWY
BROOKSVILLE FL 34614
US

Mailing Address

P. O. BOX 10754
P. O. BOX 10754
BROOKSVILLE FL 34601-0754
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

59-2102875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICKERT, RANDIE W
7461 CEDARHURST STREET
BROOKSVILLE FL 34613

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

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

TITLE PD
NAME RICKERT, RANOIE W
STREET ADDRESS 7461 CEDARHURST
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE VPD
NAME PAYNE, JOE
STREET ADDRESS 10236 CHESTNUT DR
CITY-ST-ZIP PORT RICHEY FL 34669 ☐ Delete

TITLE TD
NAME RICKERT, DIANA M
STREET ADDRESS 7461 CEDERHURST ST
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE SD
NAME LAGRASSE, JOHN
STREET ADDRESS 12417 FAIRWAY AVE
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE ED
NAME GELBOGIS, DAVE
STREET ADDRESS 55 S CAMELLIA AVE
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME RICKERT, DIANE M ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:

RANDIE W RICKERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 352-799-3605
Date Daytime Phone #

CR2E037 (10/00)