2001 UN	IFORM	BUSINESS	REPORT	(UBR)
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2001	UNIFORM BUS	SINESS REPO	•	FILED				
DOCUMENT # 760722 1. Entity Name SPRING HILL ALERT RESIDENTS PATROL, INC.					Jan 25, 2001 8:00 am Secretary of State 01-25-2001 90007 010 ****61.25			
•	e of Business	Mailing Address	•					
PO BOX 3422 SPRING HILL FL 34611		PO BOX 3422 SPRING HILL FL 34611						
2. Principal P	tace of Business	3. Mailing Address						
		ov maming resires	G. Maning Address		TOCO DICIL ABIN SODIO ILDIA ISDA OCDAL	BIBIL BIBIL BIBIS BI	Pil Ginif Indt	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59-2296977 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
	6. Name and Address of Currer	nt Registered Agent		7. Name and	7. Name and Address of New Registered Agent			
			Name	MUZIMM DIC	HADD			
THUMM, RICHARD			Street A	THUMM, RICHARD Street Address (P.O. Box Number is Not Acceptable)				
	NDOWLARK ROAD HILL FL 34608			3.430				
OI TIMO I	IILL I C OTOGO		City					
O The shave		for the common of the common its a	anistered affine a	SPRING HI	<u> I.I. </u>	- 34	608	
8. The above	named entity submits this statement	for the purpose of changing its f	egistered office of	registered agent, or bot	n, in the state of Florida.			
77	Real IW Th	Por ilat R	10,11007	The Person	مسيق ورمشد			
SIGNATURE	Signature, typed or printed name of registered age	IN I RUSILIA SUA III	Registered Agent signal	4044 1 6560	JANUARY	LO, 200	0.1	
	Signature, typed or printed name or registered age	int and the if applicable. (NOTE.	negistered Agent signal	ure required when remarking)				
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 1			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	Delete	TITLE PD	THUMM, R	ICHARD	Change	☐ Addition	
NAME	MAGIARACINA, GARY		NAME		DOWLARK ROAD			
STREET ADDRESS CITY-ST-ZIP	7132 LOCKWOOD ST. SPRING HILL FL 34606		STREET ADDRESS CITY-ST-ZIP	SPRING H	ILL, FLORIDA	34608		
TITLE	VP.	Del <u>et</u> e	TITLE VP	PRAHLER,	LOUIC		☐ Addition	
NAME	NEMEZIO, RAY C	★ *****	NAME		MOND AVENUE	χ		
STREET ADDRESS	11280 CAPTAIN DRIVE		STREET ADDRESS		SPRING HILL, FLORIDA		34608	
CITY-ST-ZIP	SPRING HILL FL 34608		CITY-ST-ZIP				☐ Addition	
TITLE NAME	SD GREGORY, CARMELLA		TITLE SD NAME		LOHLEIN, EDITH Change Addition			
STREET ADDRESS	178 BATON AVE		STREET ADDRESS		VISTA COURT	21600		
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP	SPKING H	ILL, FLORIDA	34608		
TITLE NAME	TD AKERS, GWEN L.	☐ Delete	TITLE NAME TD	AKERS, G	WEN	☐ Change	☐ Addition	
I STATE	ANLINO, GITTLIT L.		I WHAT	33500				

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

11509 SPRING HILL DRIVE

FLORIDA 34609

☐ Change

☐ Addition

683-5936

SPRING HILL,

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.

Delete

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

11509 SPRINGHILL DR.

SPRINGHILL FL 34609

12476 AGATHA LANE

SPRING HILL FL 34609

KOHLER, DANIEL