

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761255

1. Entity Name

WEST HERNANDO REPUBLICAN CLUB, INC.

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90238 037 ****61.25

Principal Place of Business

SCOTT SIMMONS
12145 DEER CREEK ROAD
SPRING HILL FL 34609
US

Mailing Address

SCOTT SIMMONS
12145 DEER CREEK ROAD
SPRING HILL FL 34609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2501142

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SMITH, JONATHAN D. ESQ.
4410 COMMERCIAL WAY, STE. 7
SPRING HILL FL 34606

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 NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, TERRY 3203 GULFVIEW DRIVE HERNANDO BEACH FL 34607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, SCOTT 12145 DEER CREEK ROAD SPRING HILL FL 34608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVELL, ANNA 15152 EDGEWATER AVENUE NOBLETON FL 34661	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUGE, RONALD 5010 BREAKWATER BLVD SPRING HILL FL 34607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMEAU, ANN MARIE 13248 LINDEN DRIVE SPRING HILL FL 34613	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORTIS, JOE 3162 GLENBROOK AVE SPRING HILL FL 34608	☐ Delete

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
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: RONALD F. RUGE 2/25/2002 352-592-9856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)