

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

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90092 028 \*\*\*\*61.25

**DOCUMENT # 761255**

1. Entity Name  
**WEST HERNANDO REPUBLICAN CLUB, INC.**



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

**Anna Liisa Covell**  
Suite, Apt. #, etc.  
**600 S. MAIN STREET**  
City & State  
**BROOKSVILLE FL**

3. Mailing Address

**Anna Liisa Covell**  
Suite, Apt. #, etc.  
**600 S. MAIN STREET**  
City & State  
**BROOKSVILLE FL**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2501142**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>PD</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Anna Liisa Covell</b>         |                                                                              |
| STREET ADDRESS | <b>600 S. Main Street</b>        |                                                                              |
| CITY-ST-ZIP    | <b>BROOKSVILLE FL 34601</b>      |                                                                              |
| TITLE          | <b>VD</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Paul Sullivan</b>             |                                                                              |
| STREET ADDRESS | <b>3444 Grape Myrtle</b>         |                                                                              |
| CITY-ST-ZIP    | <b>Hernando Beach, FL 34607</b>  |                                                                              |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>FRANK COLLETTI</b>            |                                                                              |
| STREET ADDRESS | <b>1418 Valiant Court</b>        |                                                                              |
| CITY-ST-ZIP    | <b>Spring Hill, FL 34609</b>     |                                                                              |
| TITLE          | <b>TD</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>James A. Covell</b>           |                                                                              |
| STREET ADDRESS | <b>600 S. Main Street</b>        |                                                                              |
| CITY-ST-ZIP    | <b>BROOKSVILLE FL 34601</b>      |                                                                              |
| TITLE          | <b>SD</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Sandra Nicholson</b>          |                                                                              |
| STREET ADDRESS | <b>10143 Scott William Trail</b> |                                                                              |
| CITY-ST-ZIP    | <b>BROOKSVILLE, FL 34601</b>     |                                                                              |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>JOE FORTIS</b>                |                                                                              |
| STREET ADDRESS | <b>3162 Glenbrook Avenue</b>     |                                                                              |
| CITY-ST-ZIP    | <b>SPRING HILL FL 34608</b>      |                                                                              |

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:

**ANNA LIISA COVELL** 1-23-03 (352) 844-0680

CR2E037 (10/02)