

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90067 025 ***150.00

DOCUMENT # K69456

1. Entity Name

SPRING HILL CRUISERS, INC.

Principal Place of Business

P O BOX 5443
 SPRING HILL FL 34606

Mailing Address

P O BOX 5443
 SPRING HILL FL 34606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2931585

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIL NICKERSON
11784 LAKEWOOD DR.
HUDSON FL 34669

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NICKERSON, WIL	
STREET ADDRESS	11784 LAKEWOOD DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARIEPY, NORMA	
STREET ADDRESS	11452 SUNSHINE GROVE RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PODER, FRANK	
STREET ADDRESS	7369 PHILATELIC DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARBUTO, ELISA	
STREET ADDRESS	12532 FILLMORE ST	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	PODER, FRANK	
STREET ADDRESS	7369 PHILATELIC DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
TITLE	MEMBERSHIP CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEROY LUDEKER	
STREET ADDRESS	12909 WALNUT TREE LN.	
CITY-ST-ZIP	HUDSON FL 34669	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

x 352-686-6288

Daytime Phone #

CR2E034 (9/01)