

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

01-26-2001 90069 027 ****70.00

DOCUMENT # N00000003326

1. Entity Name

HERNANDO ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3268 COMMERCIAL WAY
 SPRING HILL FL 34606

3268 COMMERCIAL WAY
 SPRING HILL FL 34606

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

59-3650722

Applied For

Not Applicable

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

Name

Larry Dodson

Street Address (P.O. Box Number is Not Acceptable)

3268 Commercial Way

City

Spring Hill

FL

Zip Code

34606

**DODSON, LARRY
 3268 COMMERCIAL WAY
 SPRING HILL FL 34606**

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 PD ☒ Delete
 NAME SOTO, CHRISTOPHER
 STREET ADDRESS 6392 HAZELWOOD ROAD
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE President ☒ Change ☐ Addition
 NAME Larry Dodson
 STREET ADDRESS 283 Grand Ave.
 CITY-ST-ZIP Masaryktown, FL 34609

TITLE VD ☒ Delete
 NAME DODSON, LARY
 STREET ADDRESS 283 GRAND AVENUE
 CITY-ST-ZIP MASARYKTOWN FL 34609

TITLE Vice President ☒ Change ☐ Addition
 NAME Debra Gordon
 STREET ADDRESS 5033 Bromley Ave.
 CITY-ST-ZIP Spring Hill, FL 34609

TITLE SD ☒ Delete
 NAME SCLESKY, DUANE
 STREET ADDRESS 5133 ABAGAIL DRIVE
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE Secretary ☒ Change ☐ Addition
 NAME Shelley Bednarski
 STREET ADDRESS 12332 Drake Lane
 CITY-ST-ZIP Spring Hill, FL 34609

TITLE TD ☐ Delete
 NAME MAHLA, KATHLEEN
 STREET ADDRESS 11095 SHEFFIELD ROAD
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE Treasurer ☐ Change ☐ Addition
 NAME Kathleen Mahla
 STREET ADDRESS 11095 Sheffield Rd.
 CITY-ST-ZIP Spring Hill, FL 34608

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Kathleen K. Mahla* **K. Mahla**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

(352) 684-3334

Daytime Phone #

CR2037 (10/00)