

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91124 040 \*\*\*\*61.25

**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

**DODSON, LARRY  
3268 COMMERCIAL WAY  
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 PD  
NAME DODSON, LARRY ☒ Delete  
STREET ADDRESS 283 GRAND AVE  
CITY-ST-ZIP MASARYKTOWN FL 34609

TITLE PD ☒ Change ☐ Addition  
NAME Christopher Soto  
STREET ADDRESS 6392 HAZELWOOD RD.  
CITY-ST-ZIP Springhill, FL 34608

TITLE VD ☐ Delete  
NAME GORDON, DEBRA  
STREET ADDRESS 5033 BROMLEY AVE  
CITY-ST-ZIP SPRING HILL FL 34609

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

TITLE SD ☒ Delete  
NAME BEDNARSKI, SHELLEY  
STREET ADDRESS 12332 DRAKE LANE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE SD ☒ Change ☐ Addition  
NAME Duane E. Slesky  
STREET ADDRESS 5133 Abigail DR.  
CITY-ST-ZIP Springhill, FL 34608

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

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

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

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)(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 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:** *Duane E. Slesky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*29/APR/02/ 352 684 7030*  
Date Daytime Phone #

CR2E037 (9/01)