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03 JUL -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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
10133 HEATHCLIFF ST.	10133 HEATHCLIFF ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL, FL.	City & State: SPRING HILL, FL.
Zip: 34608 Country: Hernando	Zip: 34608 Country: HERNANDO

☒ CHECK HERE IF MAKING CHANGES

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: Mahla, Kathleen K. Street Address (P.O. Box Number is Not Acceptable) 10133 HEATHCLIFF ST. City: SPRING HILL FL Zip Code: 34608

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: Kathleen K. Mahla Kathleen K. Mahla 7/3/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

STEP 1: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOTO, CHRISTOPHER 6392 HAZELWOOD RD SPRING HILL, FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200021414871 07/09/03--01052--004 **87.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GORDON, DEBRA 5033 BROMLEY AVE SPRING HILL, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCSKY, DUANE E 5133 ABAGAIL DR SPRING HILL, FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mahla, Kathleen 10133 HEATHCLIFF ST SPRING HILL, FL. 34608 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAHLA, KATHLEEN 11096 SHEFFIELD ROAD > change to → SPRING HILL, FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mahla, Kathleen 10133 HEATHCLIFF ST. SPRING HILL, FL. 34608 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAHLA, KATHLEEN 11096 SHEFFIELD RD SPRING HILL, FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Kathleen K. Mahla Kathleen K. Mahla 7/3/03 (352)683-1855
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

7/10