

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 13, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000003727**1. Entity Name
HHS GOLF BOOSTER CLUB, INC.

Principal Place of Business 14378 SPRING HILL DRIVE BROOKSVILLE FL 34609	Mailing Address 14378 SPRING HILL DRIVE BROOKSVILLE FL 34609
--	--

2. Principal Place of Business 14378 SPRING HILL DRIVE	3. Mailing Address 14378 SPRING HILL DRIVE
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State BROOKSVILLE FL	City & State BROOKSVILLE FL
--------------------------------	--------------------------------

Zip 34609	Country US	Zip 34609	Country US
--------------	---------------	--------------	---------------

4. FEI Number 59-3661298	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJOHNSON WAYNE
14378 SPRING HILL DRIVE

BROOKSVILLE FL 34609**7. Name and Address of New Registered Agent**Name
JOHNSON WAYNE
Street Address (P.O. Box Number is Not Acceptable)
14378 SPRING HILL DRIVE

City
BROOKSVILLE FL Zip Code
34609

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 **WAYNE JOHNSON****07/13/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN WILL 10443 FAIRCHILD ROAD SPRING HILL FL 34608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON BARBARA 10116 WEEKS DRIVE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON WAYNE 10116 WEEKS DRIVE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wayne Johnson**D****07/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)