

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 28, 2002 8:00 am
Secretary of State

04-21-2002 90886 030 ****61.25

DOCUMENT # N01000001901

1. Entity Name

THE SPRING HILL ENRICHMENT CENTER INC. ✓

Principal Place of Business

**11375 CORTEZ BLVD
 SPRING HILL FL 34613**

Mailing Address

**11375 CORTEZ BLVD
 SPRING HILL FL 34613**

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

APPLIED FOR

☒ 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

**HILL, CHARLES G
 14345 MISSOURI SKYLARK RD
 BROOKSVILLE FL**

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	D	<input type="checkbox"/> Delete
NAME	HILL, CHUCK	
STREET ADDRESS	14345 MISSOURI SKYLARK RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNUTSON, DON	
STREET ADDRESS	3283 ABERYLS ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORANA, NICK	
STREET ADDRESS	4257 DRUMMOND DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Braun, Dr. Richard	
STREET ADDRESS	2110 Arbuckle Rd.	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kelland, Arthur	
STREET ADDRESS	6410 Lost Tree La.	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE		<input type="checkbox"/> Delete
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nick Morana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

Daytime Phone #

**597-
 6080**

CR2E037 (9/01)