

2000 UNIFORM BUSINESS REPORT (UBR)

0073010

DOCUMENT # N02853

1. Entity Name

ILLINOIS CLUB OF SPRING HILL FLORIDA, INC.

FILED

00 FEB 21 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~156 MINERVA
SPRING HILL FL 34609~~

~~156 MINERVA
SPRING HILL FL 34609-9378
US~~

4117 Landover
Spring Hill,
FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

34609

Hernando

34609

Hernando

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KORRINGA, FRANCES
4117 LANDOVER BL
SPRING HILL FL 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

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	<input type="checkbox"/> Delete
NAME	ROTH, LUCILLE	
STREET ADDRESS	11362 CALLAGHAN AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VOLPE, CHARLES	
STREET ADDRESS	3145 WILSHIRE AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	TANNER, CARMELLA	
STREET ADDRESS	1233 SANGER AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KORRINGA, FRANCES	
STREET ADDRESS	4117 LANDOVER	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL ALLMAN	
STREET ADDRESS	4355 ODIN ST	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Bedale	
STREET ADDRESS	412 Knights Bridge Rd.	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-00

352-666-0130

CR2E037 (3/99)