

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90059 008 ****61.25

DOCUMENT # N02853

1. Entity Name

ILLINOIS CLUB OF SPRING HILL FLORIDA, INC.

Principal Place of Business

**4117 LANDOVER BLVD.
 SPRING HILL FL 34609
 US**

Mailing Address

**4117 LANDOVER BLVD.
 SPRING HILL FL 34609
 US**

2. Principal Place of Business

4117 Landover Bl

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2429518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KORRINGA, FRANCES
 4117 LANDOVER BL
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

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

Frances M Korringa

(NOTE: Registered Agent signature required when reinstating)

2-2-01

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 ☒ Delete

**PD
 NAME ALLUMAN, CARL
 STREET ADDRESS 4355 ODIN STREET
 CITY-ST-ZIP SPRING HILL FL 34608**

TITLE ☐ Delete

**VD
 NAME BEDALE, JOE
 STREET ADDRESS 412 KNIGHTS BRIDGE RD.
 CITY-ST-ZIP SPRING HILL FL 34609**

TITLE ☐ Delete

**S
 NAME TANNER, CARMELLA
 STREET ADDRESS 1233 SANGER AVE
 CITY-ST-ZIP SPRING HILL FL**

TITLE ☐ Delete

**T
 NAME KORRINGA, FRANCES
 STREET ADDRESS 4117 LANDOVER
 CITY-ST-ZIP SPRINGHILL FL**

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

**PD
 NAME Joe Bedale
 STREET ADDRESS 412 KNIGHTS BRIDGE RD
 CITY-ST-ZIP Spring Hill, FL 34609**

TITLE ☒ Change ☐ Addition

**VD
 NAME Edward Fredrick
 STREET ADDRESS 11299 Countrywood Ct
 CITY-ST-ZIP Spring Hill, FL 34609**

TITLE ☐ Change ☐ Addition

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**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)(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:

Frances M Korringa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

(352)666-0130

Daytime Phone #

CR2E037 (10/00)