

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90126 005 \*\*\*\*61.25

**DOCUMENT # N08624**

1. Entity Name

**HERNANDO SHRINE CLUB HOLDING CORPORATION**

Principal Place of Business

Mailing Address

13400 MONTAUR ST  
 BROOKSVILLE FL 34613  
 US

13400 MONTAUR ST  
 BROOKSVILLE FL 34613  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2248664**

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

7. Name and Address of New Registered Agent

JOHNSTON, JOSEPH E JR  
 29 S BROOKSVILLE AVE  
 BROOKSVILLE FL 34601

JOHNSTON, DARRYL W.  
 29 S. Brooksville Ave  
 Brooksville, FL 34601

Name

**JOHNSTON, DARRYL W**

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

**29 S. Brooksville Ave.,**

**BROOKSVILLE, FL 34601**

City

**Brooksville, FL.**

FL

Zip Code

**34601**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/5/02**

**After September 13, 2002,  
 min. will be \$236.25.**

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 **P** ☐ Delete  
 NAME **OLSON, WILLIAM**  
 STREET ADDRESS **6494 PINE MEADOW DR**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **ROSSER, PAUL**  
 STREET ADDRESS **20 CHERRY ST**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **MORGAN, WILLIAM A JR**  
 STREET ADDRESS **3917 BUTLER BLVD.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **BASEHORE, FRED E**  
 STREET ADDRESS **9399 BURNAM DR.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **COTTON, LAWRENCE**  
 STREET ADDRESS **2380 DUSTIN CIR**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ANGLIN, L Z**  
 STREET ADDRESS **17448 TAVERN RD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

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: **FRED E. BASEHORE, TREAS.**  
**JOHNSTON, DARRYL W.**

**9.5.02**

**353.597-1703**

CR2E037 (4/02)