

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11739

1. Entity Name

HERNANDO COUNTY LA SERTOMA CLUB, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90036 023 ****61.25

Principal Place of Business
2266 HYACINTH LANE
SPRING HILL FL 34060
US

Mailing Address
2266 HYACINTH LANE
SPRING HILL FL 34609-3944
US

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

59-2286238

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

HEPBURN, MARILYN
2266 HYACINTH LANE
SPRING HILL FL 34609

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 Marilyn Hepburn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/00

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
NAME THORNTON, GLORIA
STREET ADDRESS 5317 SLATER RD
CITY-ST-ZIP SPRING HILL FL 34606

☐ Delete

TITLE S
NAME Metz, Barbara
STREET ADDRESS 1362 Waterfall Drive
CITY-ST-ZIP Spring Hill, FL 34607

☐ Change

☒ Addition

TITLE VD
NAME REED, MAE
STREET ADDRESS 12160 BAXLEY STREET
CITY-ST-ZIP SPRING HILL FL

☐ Delete

TITLE T
NAME Kuhlrow, Marilyn
STREET ADDRESS 5210 Forest Glenn Drive
CITY-ST-ZIP Spring Hill, FL 34607

☐ Change

☒ Addition

TITLE TD
NAME PROKOP, SYLVIA
STREET ADDRESS 7481 MEAD DR
CITY-ST-ZIP SPRING HILL FL 34606

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Gloria Thornton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)