

4/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90065 008 ****61.25

DOCUMENT # N11739

1. Entity Name

HERNANDO COUNTY LA SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

2266 HYACINTH LANE
 SPRING HILL FL 34060
 US

2266 HYACINTH LANE
 SPRING HILL FL 34060
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5210 Forest Glenn Dr.**5210 Forest Glenn Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill FL**Spring Hill FL**

Zip

Zip

Country

Country

34607**US****34607****US**

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

METZ, BARBARA A.
1362 WATERFALL DRIVE
SPRING HILL FL 34608

MARILYN A. KUHLLOW
5210 Forest Glenn Drive
Spring Hill FL 34607

Name

Marilyn A. Kuhlowl

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

5210 Forest Glenn Drive

City

Spring Hill**FL**

Zip Code

34607

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 \$81.259. 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 **VD** ☒ Delete
 NAME **REED, MAE**
 STREET ADDRESS **12160 BAXLEY STREET**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **Barbara Metz** ☐ Change ☒ Addition
 NAME **Barbara Metz**
 STREET ADDRESS **1362 Waterfall Drive**
 CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **S** ☒ Delete
 NAME **METZ, BARBARA**
 STREET ADDRESS **1362 WATERFALL DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Barbara Richardson Myers**
 STREET ADDRESS **18545 Firethorn Drive**
 CITY-ST-ZIP **Spring Hill, FL 34610**

TITLE **T** ☐ Delete
 NAME **KUHLLOW, MARILYN**
 STREET ADDRESS **5210 FOREST GLENN DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **S** ☐ Change ☒ Addition
 NAME **Mary Crossen**
 STREET ADDRESS **5357 Slater Road**
 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **PD** ☒ Delete
 NAME **DAVIS, BETTY**
 STREET ADDRESS **9215 LINGROVE RD**
 CITY-ST-ZIP **WEEKI WACHEE FL 34613**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)(l), 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: **MARILYN A. KUHLLOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)