

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N13490**

Entity Name

**HERNANDO COUNTY SHERIFF'S JUNIOR DEPUTY LEAGUE,
INC.**

Principal Place of Business

Mailing Address

**900 CORTEZ BLVD
BROOKSVILLE FL 34601****P O BOX 10070
BROOKSVILLE FL 34603-0070
US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6019767**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

**DEANNA K DAMMER
18900 CORTEZ BLVD
BROOKSVILLE FL 34601**

Name

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

City

FL

Zip Code

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NUGENT, RICHARD B
18900 CORTEZ BLVD
BROOKSVILLE FL 34601** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
DRY, WALTER
3418 KNOTTY OAKS CIR.
SPRING HILL FL 34606** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WALSH, JAMES
21148 MARGUERITE RD
BROOKSVILLE FL 34601** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**18900 Cortez Blvd.
Brooksville FL 34601** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ZUYUS, JOE
2151 MEADOWLARK LN
SPRING HILL FL 34608** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUSK, LOUISE
6801 E. RICHARD DR
SPRING HILL FL 34607** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Gus Guadagnino
16230 Aviation Loop Drive
Brooksville FL 34609** ☐ DeleteTITLE
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02
Date**352-754-6830**
Daytime Phone #

CR2E037 (9/01)

0088066

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90092 035 ****61.25



DO NOT WRITE IN THIS SPACE