

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90004 049 \*\*\*\*61.25

**DOCUMENT # N19239**

1. Entity Name

**THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.**

Principal Place of Business

Mailing Address

MOTHER'S CLUB OF H.C.  
 C/O ANN BASSO  
 SPRING HILL FL 34609  
 US

P.O. BOX 3144  
 SPRING HILL FL 34611-3144  
 US

U S O I J A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mother's Club of H.C. c/o Rosemary Hamilton

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill

City & State

4. FEI Number

59-2799667

Applied For

Not Applicable

Zip

34609

Country

US

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUND, KAREN  
 12010 GENTER DR  
 SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name Rosemary Hamilton

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

13215 Saddle Way

City Brooksville,

FL

Zip Code 34614

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

*Rosemary Hamilton*

Rosemary E. Hamilton

1-16-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	WHITING, GAIL	2415 OLAR CT	SPRING HILL FL 34608	<input checked="" type="checkbox"/>
VPD	TRAHAN, BRIDGET	9225 PATIO CT	SPRING HILL FL 34608	<input checked="" type="checkbox"/>
SD	HAMILTON, ROSEMARY	13215 SADDLE WAY	BROOKVILLE FL 34614	<input checked="" type="checkbox"/>
TD	LUND, KAREN	12010 GENTER DR	SPRING HILL FL 34609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Gina Panepinto	13330 Cardia St.	SPRING HILL, FL 34609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	BASSO, ANN	1026 DRUID RD	SPRING HILL, FL 34609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Karen Whitten	13586 Banyan RA	Spring Hill, FL 34609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Rosemary Hamilton	13215 Saddle Way	Brooksville, FL 34614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Rosemary E. Hamilton*  
 Rosemary E. Hamilton, Treasurer

1-16-00

352-544-2938

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)