

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90193 031 ****61.25

DOCUMENT # N19239

1. Entity Name

THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.

Principal Place of Business

MOTHER'S CLUB OF H.C.
 C/O ROSEMARY HAMILTON
 SPRING HILL FL 34609
 US

Mailing Address

P.O. BOX 3144
 SPRING HILL FL 34606-3144
 US

2. Principal Place of Business

MOTHER'S CLUB OF H.C.
 Suite, Apt. #, etc. 0/0

3. Mailing Address

P.O. Box 3144
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL FL
 Zip 34609 Country USA

City & State

SPRING HILL FL
 Zip 34606-3144 Country USA

4. FEI Number

59-2799667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, ROSEMARY
 13215 SADDLE WAY
 BROOKSVILLE FL 34614

7. Name and Address of New Registered Agent

Name GEELEN, VICTORIA
 Street Address (P.O. Box Number is Not Acceptable)
 2231 ARMADILLO AVE
 City SPRING HILL FL Zip Code 34609

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 *Victoria Geelen*

1-17-01

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	PD PANEPINTO, GINA 13330 CANDIA ST SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BASSO, ANN 1026 DRUID RD SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, ROSEMARY 13215 SADDLE WAY BROOKSVILLE FL 34614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUND, KAREN 12010 GENTER DR SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITTON, KAREN 13586 BANYAN RD SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Powanda, Elizabeth 5255 Elwood Road SPRING HILL FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITTON, KAREN 13586 BANYAN RD SPRING HILL FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEELEN, VICTORIA 2231 ARMADILLO AVE SPRING HILL FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITING, GAIL 2415 OLIVE CE SPRING HILL FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Victoria Geelen* **REQUIRED**

1-17-01

352-684-7895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)