

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90020 005 ****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.
 SPRING HILL FL 34609
 US**

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 3144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Spring Hill FL

4. FEI Number **59-2799667**

Applied For
 Not Applicable

Zip

Country

Zip
34609

Country
U.S.A

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

**EILELEH, VICTORIA
 2231 ARMADILLO AVE
 SPRING HILL FL 34609**

Name: **Marie McEnerney**

Street Address (P.O. Box Number is Not Acceptable)
3772 Lema Dr

City **Spring Hill** FL Zip Code **34609**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1-18-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
PD
 NAME **POWANDA, ELIZABETH**
 STREET ADDRESS **5255 ELWOOD POND**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
PD
 NAME **Lisa Hammond**
 STREET ADDRESS **9272 Belvedere St.**
 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE Delete
VPD
 NAME **WHITTON, KAREN**
 STREET ADDRESS **13586 BANYAN RD**
 CITY-ST-ZIP **SDPRINGHILL FL 34609**

TITLE Change Addition
VPD
 NAME **Michelle Tibbs**
 STREET ADDRESS **11291 Blythville Rd**
 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE Delete
TD
 NAME **GEELEN, VICTORIA**
 STREET ADDRESS **2231 ARMADILLO AVE**
 CITY-ST-ZIP **SPRINGHILL FL 34609**

TITLE Change Addition
TD
 NAME **Marie McEnerney**
 STREET ADDRESS **3772 Lema Dr**
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE Delete
SD
 NAME **WHITING, GAIL**
 STREET ADDRESS **2415 OLAN CT**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
SD
 NAME **Shannon Foley**
 STREET ADDRESS **2551 Saturn Rd**
 CITY-ST-ZIP **Brooksville, FL 34604**

TITLE Delete
SD
 NAME **WHITTON, KAREN**
 STREET ADDRESS **13586 BANYAN RD**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE Change Addition

TITLE Delete

TITLE 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: *[Handwritten Signature]* SIGNATURE REQUIRED

1-18-02 **352-6660-8948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)