

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26948

1. Entity Name

THE HAMMOCK COMMUNITY CENTER CORPORATION INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90007 010 \*\*\*\*61.25

0009422

Principal Place of Business

C/O SCHENCK, PATRICIA  
60 MOODY DRIVE  
PALM COAST FL 32137  
US

Mailing Address

C/O SCHENCK, PATRICIA  
60 MOODY DRIVE  
PALM COAST FL 32137  
US

*Sarah S Shaffer*

2. Principal Place of Business

3. Mailing Address

*15-16th Rd West*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Hammock FL.*

4. FEI Number

59-3023536

Applied For

Not Applicable

Zip

Country

Zip

Country

*32137*

*FL*

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

SHAFFER, SARAH S  
15-16 ROAD WEST  
PALM COAST FL 32137

Name

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

City

**FL**

Zip Code

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

*Sarah S. Shaffer Sarah S. Shaffer*

*4-19-01*

Signature, typed or printed name of registered agent and date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINS, DONALD 2 LANTARACE DRIVE PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHENCK, PATRICIA 60 MOODY DR PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAFFER, SARAH S 15-16 ROAD WEST PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUTH DUMMOND, BARBARA 5918 N OCEANSHORE PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATZ, DELORES 5992 OCEAN SHORE PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLIAM, JAMES 58 MOODY DRIVE PALM COAST FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McLeery, Carol 8 Sycamore Terrace Palm Coast, FL 32137	<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
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:

*Sarah S. Shaffer Sarah S. Shaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Treasurer*

*4-19-01*  
Date

*386 445 8227*  
Daytime Phone #

CR2E037 (10/00)