

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90006 021 ****61.25

DOCUMENT # N37737

1. Entity Name

**HERNANDO COUNTY COUNCIL FOR VETERANS AFFAIRS IN
C.**



Principal Place of Business

**HERNANDO CO. COUNCIL
P.O. BOX 1015
BROOKSVILLE FL 34601
US**

Mailing Address

**HERNANDO COUNTY COUNCIL
244 WASHINGTON AVE
MASARYKTOWN FL 34609
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2939761**

Applied For

Not Applicable

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

**GAGNER, ROBERT G.
244 WASHINGTON AVE.
MASARYKTOWN FL 34609**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GAGNER, ROBERT G.
244 WASHINGTON AVE
MASARYKTOWN FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GRUBER, RUBY
12516 BROOKSIDE ST.
SPRING HILL FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SIMMONS, CHARLES
4502 O'HARA ST.
SPRING HILL, FL 34609-1869** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GAGNER, NETTIE V.
244 WASHINGTON AVE.
MASARYKTOWN FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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☐ 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:

Nettie V. Gagner
Nettie V. Gagner

1/3/03 352-799-1828

CR2E037 (10/02)