

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42198

1. Entity Name

WEST HERNANDO FOOTBALL LEAGUE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90003 018 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 5885
SPRING HILL FL 34606

P.O. BOX 5885
SPRING HILL FL 34611-5885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENNETT, MICHAEL J
11525 SHEFFIELD RD
SPRINGHILL FL 34606

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BENNETT, MIHAEL J
STREET ADDRESS 11525 SHEFFIELD RD.
CITY-ST-ZIP SPRING HILL FL 34608

TITLE PD ☐ Change ☐ Addition
NAME BENNETT, MICHAEL J
STREET ADDRESS 11525 SHEFFIELD RD
CITY-ST-ZIP SPRING HILL FL 34608

TITLE VD ☒ Delete
NAME LEAVELL, BECKY
STREET ADDRESS 2045 ANDERSON SNOW RD
CITY-ST-ZIP SPRING HILL FL

TITLE VD ☐ Change ☐ Addition
NAME ARRIZA, DUANE A
STREET ADDRESS 8431 DUNNELLON RD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE PD ☒ Delete
NAME HUNT, EUGENA A
STREET ADDRESS 7223 TARRYTOWN DR
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VD ☐ Change ☐ Addition
NAME RUSSELL, SCOTT
STREET ADDRESS 4424 AZORA RD
CITY-ST-ZIP SPRING HILL FL 34605

TITLE T ☐ Delete
NAME ARRIZA, DIANE
STREET ADDRESS 8431 DUNNELLON RD.
CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE S ☐ Delete
NAME BENNETT, SHARON L
STREET ADDRESS 11525 SHEFFIELD RD
CITY-ST-ZIP SPRINGHILL FL 34608

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

TITLE VD ☒ Delete
NAME WILLIAMS, JOHN
STREET ADDRESS 18531 US 41
CITY-ST-ZIP SPRINGHILL FL 34610

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-00 352-683-3279

Date

Daytime Phone #

CR2E037 (9/99)