

# 2002 UNIFORM BUSINESS REPORT (UBR)

07-23-2002 90322 010 \*\*\*\*70.00  
 F N42198

**DOCUMENT # N42198**

1. Entity Name

**WEST HERNANDO FOOTBALL LEAGUE, INC.**

02 JUL 26 PM 2:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 5885 SPRING HILL FL 34606	Mailing Address P.O. BOX 5885 SPRING HILL FL 34606
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2. Principal Place of Business <del>Suite, Apt., #, etc.</del>	3. Mailing Address <del>Suite, Apt., #, etc.</del>
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCFARLAND, ROBERT**  
**7401 LARBERT CT**  
**BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

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 Robert McFarland [Signature] 7-9-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

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	D MCFARLAND, ROBERT <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7401 LARBERT CT. BROOKSVILLE FL 34613
TITLE NAME	D DOCKERY, SUSAN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8530 EVERGREEN BROOKSVILLE FL 34613
TITLE NAME	D MANSFIELD, TIM <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7239 CENTERWOOD AVE BROOKSVILLE FL 34606
TITLE NAME	D FARNWORTH, VANESSA <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8145 SIMMONS ST BROOKSVILLE FL
TITLE NAME	D BAKER, ALICEA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7279 EDINBURGH WAY BROOKSVILLE FL 34613
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D Mike Britt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8007 Omata Circle Springs Hill FL. 34608
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	Amanda Camble <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3408 NALCOMA WAY BROOKSVILLE FL. 34613

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] McFarland 7-10-02 352-596-3600  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (4/02)