

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90256 001 ****61.25
01-27-2003 90256 002 *****8.75

DOCUMENT # N42198

1. Entity Name

WEST HERNANDO FOOTBALL LEAGUE, INC.



Principal Place of Business

P.O. BOX 5885
SPRING HILL FL 34606

Mailing Address

P.O. BOX 5885
SPRING HILL FL 34606

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 **NOT APPLICABLE**

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

McFARLAND, ROBERT
7401 LARBERT CT
BROOKSVILLE FL 34613

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

Robert McFarland

1-21-03

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	D	<input type="checkbox"/> Delete
NAME	McFARLAND, ROBERT	
STREET ADDRESS	7401 LARBERT CT.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOCKERY, SUSAN	
STREET ADDRESS	8530 EVERGREEN	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRITT, MIKE	
STREET ADDRESS	8067 OMAHA CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMBLE, AMANDA	
STREET ADDRESS	9408 NAKOMA WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ALICEA	
STREET ADDRESS	7279 EDINBURGH WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McFARLAND, Robert	
STREET ADDRESS	7401 Larbert ct	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky, Heavell	
STREET ADDRESS	2045 ANDERSON SNOW	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobbie HANSEN	
STREET ADDRESS	7438 ARLINGTON WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALF HILL, Linda	
STREET ADDRESS	7438 ARLINGTON WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D-KARL, maria	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1518 PARKER AVE	
STREET ADDRESS	Spring Hill FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert McFarland

REQUIRED

Robert McFarland

1-21-03

(332)

592-0507

CR2E037 (10/02)