

2001 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED
May 18, 2001 8:00 am
Secretary of State

05-03-2001 90005 023 ****61.25

DOCUMENT # N44149

1. Entity Name

HERNANDO BEACH BUSINESS ASSOCIATION, INC.

Principal Place of Business

3399 EAGLE NEST DR
 HERNANDO BEACH FL 34607
 US

Mailing Address

3399 EAGLE NEST DR
 HERNANDO BEACH FL 34607
 US

2. Principal Place of Business

2288 Commercial Way
 Suite, Apt. #, etc.

3. Mailing Address

2288 Commercial Way
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL
 Zip Country

City & State

Spring Hill, FL
 Zip Country

4. FEI Number

59-3088370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHARNOCK, WILLIAM T., III
5358 SPRING HILL DRIVE
SPRING HILL FL 34606

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.

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

TITLE **D** ☐ Delete
 NAME **ERICKSON, RAY**
 STREET ADDRESS **3176 SHOAL LINE BLVD.**
 CITY-ST-ZIP **HERNANDO BEACH FL**

TITLE **P** ☐ Delete
 NAME **LENTINI, JOAN**
 STREET ADDRESS **3399 EAGLE NEST DRIVE**
 CITY-ST-ZIP **HERNANDO BEACH FL**

TITLE **T** ☐ Delete
 NAME **BUTLER, CAMILLE**
 STREET ADDRESS **4317 CALIENTA ST**
 CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE **S** ☐ Delete
 NAME **TURNER, RUBY**
 STREET ADDRESS **15299 CORTEZ BLVD.**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
 NAME **MORTON, CHARLES**
 STREET ADDRESS **4317 CALIENTA ST**
 CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE **P** ☐ Delete
 NAME **REDMILE, HORACE**
 STREET ADDRESS **3429 GULF COAST DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President D** ☒ Change ☐ Addition
 NAME **Charles Morton**
 STREET ADDRESS **7404 Shoal Line Blvd**
 CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **Vice President T** ☒ Change ☐ Addition
 NAME **Melody Merritt**
 STREET ADDRESS **3243 Shoal Line Blvd**
 CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **Secretary T** ☒ Change ☐ Addition
 NAME **Ruby Turner**
 STREET ADDRESS **5338 Spring Hill Dr, Unit J**
 CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Mary O'Brien**
 STREET ADDRESS **2288 Commercial Way**
 CITY-ST-ZIP **Spring Hill, FL 34606**

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

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:

Mary F. O'Brien

Mary F. O'Brien

04-20-01

352-683-6266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)