

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90076 031 ****61.25

DOCUMENT # N48075

1. Entity Name

HERNANDO HILLS HI-LITES, INC.

Principal Place of Business

**12387 SEAGATE ST
SPRING HILL FL 34609
US**

Mailing Address

**12387 SEAGATE ST
SPRING HILL FL 34609
US**

2. Principal Place of Business

3. Mailing Address

12473 GROVELAND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL FL

4. FEI Number

59-3023125

Applied For

Not Applicable

Zip

Country

Zip

Country

34609

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

**LONG, LINDA R
12473 GROVELAND RD
SPRING HILL 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.

SIGNATURE

Linda R. Long
LINDA R. LONG

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-02

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 ☐ Delete
NAME **PD LONG, LINDA**
STREET ADDRESS **12473 GROVELAND**
CITY-ST-ZIP **SPRING HILL FL 34609**

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

TITLE ☐ Delete
NAME **VD KING, MELANIE**
STREET ADDRESS **2151 DELTONA BLVD**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE ☐ Delete
NAME **TD HILAIRE, JEANNE ST**
STREET ADDRESS **1774 LARKIN RD**
CITY-ST-ZIP **SPRING HILL FL 34608**

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

TITLE ☐ Delete
NAME **SD GREUBEL, CATHRYN**
STREET ADDRESS **10302 BELLTOWER ST.**
CITY-ST-ZIP **SPRING HILL FL 34608**

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

TITLE ☐ Delete
NAME **D ZACK, JEANNINE**
STREET ADDRESS **9148 GENEVA ST.**
CITY-ST-ZIP **SPRING HILL FL 34608**

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

TITLE ☒ Delete
NAME **D LAPIERRE, LORETTA**
STREET ADDRESS **2153 SPRINGMEADOW DR.**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Change ☒ Addition
NAME **D CEIL WAHLER**
STREET ADDRESS **10434 BEDFORD RD**
CITY-ST-ZIP **SPRING HILL FL 34608**

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:

Linda R. Long
LINDA R. LONG

3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)