

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003824

1. Entity Name

MANUFACTURER'S ASSOCIATION OF HERNANDO COUNTY, I

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 029 ***550.00

Principal Place of Business

P. O. BOX 15091
BROOKSVILLE FL 34609-0112
US

Mailing Address

P. O. BOX 15091
BROOKSVILLE FL 34609-0112
US

660672



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 15091
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15091
Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34604

Country

US

Zip

34604

Country

US

4. FEI Number 59-3260451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENOIST, TIM
15424 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609

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 *Tim Benoist* *TIM BENOIST*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/23/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME BENOIST, TIM
STREET ADDRESS P.O. BOX 15091, N/A
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE PS ☒ Delete
NAME FLUMAN, AL
STREET ADDRESS P.O. BOX 15091 N/A
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE S ☐ Delete
NAME CESTARI, LINDA
STREET ADDRESS P.O. BOX 15091, N/A
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE PE ☐ Delete
NAME GUADAGNINO, GUS
STREET ADDRESS P.O. BOX 15091, N/A
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☒ Change ☐ Addition
NAME BENOIST, TIM
STREET ADDRESS P.O. BOX 15091 N/A
CITY-ST-ZIP BROOKSVILLE, FL 34604

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

TITLE S ☒ Change ☐ Addition
NAME CESTARI, LINDA
STREET ADDRESS P.O. BOX 15091 N/A
CITY-ST-ZIP BROOKSVILLE, FL 34604

TITLE PE ☒ Change ☐ Addition
NAME GUADAGNINO, GUS
STREET ADDRESS P.O. BOX 15091 N/A
CITY-ST-ZIP BROOKSVILLE, FL 34604

TITLE PE ☐ Change ☒ Addition
NAME CRAFT, JASON
STREET ADDRESS P.O. BOX 15091 N/A
CITY-ST-ZIP BROOKSVILLE, FL 34604

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tim Benoist *TIM BENOIST*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01

Date

352/754-1117

Daytime Phone #

CR2E034 (10/00)