

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90086 013 ***550.00

DOCUMENT # N94000003824

1. Entity Name

MANUFACTURER'S ASSOCIATION OF HERNANDO COUNTY, I NC.

Principal Place of Business

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

Mailing Address

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

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

59-3260451

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

BENOIST, TIM
15424 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609

Name

Jason Craft

Street Address (P.O. Box Number is Not Acceptable)

30167 Power Line Rd

City

Brooksville

FL

Zip Code

34602

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

Jason Craft P

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☐ Change ☒ Addition
 NAME **Jason Craft**
 STREET ADDRESS **30167 Power Line Rd**
 CITY-ST-ZIP **Brooksville, FL 34602**

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

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Mary Lu Wiltaker**
 STREET ADDRESS **30167 Power Line Rd**
 CITY-ST-ZIP **Brooksville, FL 34602**

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

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Randy Sevald**
 STREET ADDRESS **16041 Flight Path Drive**
 CITY-ST-ZIP **Brooksville, FL 34604**

TITLE **PE** ☒ Delete
 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-02 352-75

Date

Daytime Phone #

CR2E034 (4/02)