

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001148

1. Entity Name

UNITED COMMUNITIES OF HERNANDO COUNTY, INC.

Principal Place of Business

7250 RIVER COUNTRY DRIVE
SPRING HILL FL 34607

Mailing Address

P. O. BOX 6544
SPRING HILL FL 34611
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

59-3423970

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

LEWIS, BARARA-ANNE
7250 RIVER COUNTRY DRIVE
SPRING HILL FL 34607

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME BLOOM, JOHN
STREET ADDRESS 6101 KRISTA DR
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

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

TITLE D
NAME ROCA, LOUIS L.
STREET ADDRESS 136 OAK LAKE DRIVE
CITY-ST-ZIP SPRING HILL FL 34608 ☒ Delete

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

TITLE D
NAME HOYNES, MARYANN
STREET ADDRESS 5399 SUWANNEE RD.
CITY-ST-ZIP WEEKI WACHEE FL 34607 ☒ Delete

TITLE D
NAME GESSELLI, ANNETTE
STREET ADDRESS 8164 TEDBURN PARK
CITY-ST-ZIP SPRING HILL, FL 34607 ☐ Change ☒ Addition

TITLE S
NAME CONSTANTS, DOROTHY
STREET ADDRESS 4436 GASTON STREET
CITY-ST-ZIP SPRING HILL FL 34607 ☐ Delete

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

TITLE D
NAME POTTRE, VINCE
STREET ADDRESS 5104 CARNATION CT
CITY-ST-ZIP SPRING HILL FL 34607 ☐ Delete

TITLE D
NAME ROCCO, ROSE
STREET ADDRESS 8189 ENGLISH ELM CIRCLE
CITY-ST-ZIP SPRING HILL, FL 34606 ☐ Change ☒ Addition

TITLE DVP
NAME LEWIS, BARBARA ANNE
STREET ADDRESS 7250 RIVER COUNTRY DR
CITY-ST-ZIP SPRING HILL, FL 34607 ☐ Delete

TITLE TD
NAME DOWNES, WILLIAM
STREET ADDRESS 4684 LAKE IN THE WOODS DR.
CITY-ST-ZIP SPRING HILL, FL 34607 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 (852) 556-7929

Date Daytime Phone #

CR2E037 (10/00)