

2002 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

6101 Krista Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Zip

Suite, Apt. #, etc.

Country

34609

USA

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

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

7. Name and Address of New Registered Agent

Name

John Bloom

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

6101 Krista Drive

City

Spring Hill

FL

Zip Code

34609

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

John W Bloom

John Bloom

1/28/2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, JOHN 6101 KRISTA DR SPRING HILL FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCA, LOUIS L 138 OAK LAKE DRIVE SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GESSELLI, ANNETTE 8164 TEDBURN PARK SPRING HILL FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONSTANTS, DOROTHY 4436 GASTON STREET SPRING HILL FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTRE, VINCE 5104 CARNATION CT SPRING HILL FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCCO, ROSE 8189 ENGLISH ELM CIRCLE SPRING HILL FL 34606	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GREG K. MYERS P.O. Box 10189 Brooksville, FL 34603-0189 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Vince Pottre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

GREG K. MYERS

1/28/02

352-796-4984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

391

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90001 041 ****61.25



DO NOT WRITE IN THIS SPACE