

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005032

1. Entity Name

HERNANDO COUNTY, INC. AUXILIARY TO POST NO. 8713

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90288 050 ****61.25

Principal Place of Business

Mailing Address

24268 KAUFMAN RD.
BROOKSVILLE FL 34601

24268 KAUFMAN RD.
BROOKSVILLE FL 34601-8028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2851796

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MALONE, YVONNE~~
~~24268 KAUFMAN RD.~~
~~BROOKSVILLE FL 34601~~

PADGETT, "BILLIE" M.
P.O. Box 66
NOBLETON, FL 34661

Name *PADGETT, BILLIE M*

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

P.O. Box 66

City *NOBLETON*

FL

Zip Code *34661*

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	ATD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, BILLIE	
STREET ADDRESS	P.O. BOX 66	
CITY-ST-ZIP	NOBLETON FL 34661	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MALONE, YVONNE	
STREET ADDRESS	24268 KAUFMAN RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, BILLIE	
STREET ADDRESS	P. O. BOX 66 N/A	
CITY-ST-ZIP	NOBLETON FL 34661	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, RAMONA	
STREET ADDRESS	21253 YONTZ RD., #59	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JUNE C	
STREET ADDRESS	19387 FT DADE AV	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	SENIOR VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCROGGINS, BEVERLY	
STREET ADDRESS	27263 WARNER AV	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZEL, PATRICIA	
STREET ADDRESS	10391 W. FISHBOWL DR #33	
CITY-ST-ZIP	AMOSASSA, FL 34448	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, BILLIE	
STREET ADDRESS	P.O. BOX 66	
CITY-ST-ZIP	NOBLETON, FL 34661	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Billie M Padgett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (352) 799-5732
Date Daytime Phone #

CR2E037 (9/99)