

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 28, 2002 8:00 am
Secretary of State

02-18-2002 90154 021 ****61.25

DOCUMENT # N97000005032

1. Entity Name

**HERNANDO COUNTY, INC. AUXILIARY TO POST NO. 8713
LADIES AUXILIARY TO THE VETERANS OF FOREIGN WA**

Principal Place of Business

Mailing Address

24268 KAUFMAN RD.
BROOKSVILLE FL 34801

24268 KAUFMAN RD.
BROOKSVILLE FL 34801

2. Principal Place of Business

3. Mailing Address

24268 KAUFMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKSVILLE FL

Zip

Country

Zip

Country

34601 - HERNANDO

4. FEI Number

59-2851796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PADGETT, BILLIE M
PO BOX 88
NOBLETON FL 34681**

7. Name and Address of New Registered Agent

Name **SAME AS CURRENT**

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

15183 OAK LAKE

City **Nobleton, FL**

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 reappointing)

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 **TD** ☒ Delete
NAME **SMITH, JUNE C.**
STREET ADDRESS **19387 FT DADE AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34681**

TITLE **SVP** ☐ Delete
NAME **SCROGGINS, BEVERLY**
STREET ADDRESS **27283 WARNER AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34802**

TITLE **S** ☒ Delete
NAME **WENZEL, PATRICIA**
STREET ADDRESS **10391 W FISHBOWL DR #33**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **TD** ☐ Delete
NAME **STEWART, RAMONA**
STREET ADDRESS **21253 YONTZ RD., #59**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

TITLE **T** ☐ Delete
NAME **PADGETT, BILLIE M**
STREET ADDRESS **P O BOX 88**
CITY-ST-ZIP **NOBLETON FL 34681**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **PADEN, BEATRICE D**
STREET ADDRESS **14389 DENAFEN AV**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **HARRIS, PHELEDA SD**
STREET ADDRESS **18183 SPANGLER AV**
CITY-ST-ZIP **BROOKSVILLE, FL 34604**

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

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

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

TITLE ☐ Change ☐ 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:

Signature and Typed or Printed Name of Signing Officer or Director

(352) 799-5732

Date

Daytime Phone #

CR2E037 (9/01)