

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001031

1. Entity Name

HERNANDO GIRLS BASKETBALL CLUB & ASSOCIATION INC

Principal Place of Business

6725 TREEHAVEN DR  
SPRING HILL FL 34606

Mailing Address

6725 TREEHAVEN DR  
SPRING HILL FL 34606-5762

2. Principal Place of Business

13296 drysdale ST

Suite, Apt. #, etc.

3. Mailing Address

13296 drysdale ST

Suite, Apt. #, etc.

City & State

SPRINGHILL FL

City & State

SPRINGHILL FL

4. FEI Number

59-3489710

Applied For

Not Applicable

Zip

34609

Country

HERNANDO

Zip

34609

Country

HERNANDO

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ULASEWICH, THOMAS  
6725 TREEHAVEN DR  
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name THOMAS ULASEWICH

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

13296 drysdale ST

City SPRINGHILL

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.

THOMAS ULASEWICH

SIGNATURE *Thomas Ulasewich*

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

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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 PTD ☐ Delete  
NAME ULASEWICH, THOMAS  
STREET ADDRESS 6725 TREE HAVEN DR  
CITY-ST-ZIP SPRINGHILL FL 34606

TITLE VD ☐ Delete  
NAME MOLKA, KIRSTEN  
STREET ADDRESS 257 CAVALIER DR  
CITY-ST-ZIP SPRINGHILL FL 34606

TITLE D ☒ Delete  
NAME CAMPBELL, LTCOL  
STREET ADDRESS 10330 AUDIE BROOK DR. UNIT C  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13296 drysdale ST  
CITY-ST-ZIP SPRINGHILL FL 34609

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

TITLE D ☐ Change ☒ Addition  
NAME JASON MOLKA  
STREET ADDRESS 257 CAVALIER DR  
CITY-ST-ZIP SPRINGHILL FL 34606

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: *Thomas Ulasewich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

(352)

688-0840

Daytime Phone #

CR2E037 (9/99)