

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004601

1. Entity Name

HERNANDO COUNTY ASSOCIATION OF THE YOUNG AMERICA

Principal Place of Business

12348 BARROW ST  
SPRING HILL FL 34609

Mailing Address

12348 BARROW ST  
SPRING HILL FL 34609

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

59-3102478

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

WINNEGAR, SUSAN  
12348 BARROW ST  
SPRING HILL FL 34609

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 ☐ Delete  
NAME MAY, DAVE  
STREET ADDRESS 2109 COACHMAN RD  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ Change ☒ Addition  
NAME ~~DEB~~ CRUSAN, DEB  
STREET ADDRESS 3424 DOW LANE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VP ☐ Delete  
NAME TINKMAN, JACK  
STREET ADDRESS 4498 BLUEWATER AVW  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ Change ☒ Addition  
NAME BULLOCK, CLINT  
STREET ADDRESS 2584 RUNNING OAK COURT  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ST ☐ Delete  
NAME WINNEGAR, SUSAN  
STREET ADDRESS 12348 BARROW ST  
CITY-ST-ZIP SPRING HILL FL

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

TITLE D ☐ Delete  
NAME MAHR, ROBERT  
STREET ADDRESS 5104 LANDOVER  
CITY-ST-ZIP SPRING HILL FL

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

TITLE D ☐ Delete  
NAME MAY, JANE  
STREET ADDRESS 2109 COACHMAN RD  
CITY-ST-ZIP SPRING HILL FL

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

TITLE D ☐ Delete  
NAME EMMERICH, CINDY  
STREET ADDRESS 11332 LINDEN DR  
CITY-ST-ZIP SPRING HILL FL

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:

*Susan Winnegar* REQUIRED

5-7-01

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91242 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)