

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000004820**

1. Entity Name

HERNANDO EXOTIC BIRD CLUB, INC.**FILED****Apr 12, 2001 8:00 am**
Secretary of State

04-12-2001 90053 050 ****61.25

0079745

Principal Place of Business

**14415 DABNEY COURT
SPRING HILL FL 34610**

Mailing Address

**14415 DABNEY COURT
SPRING HILL FL 34610**

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

59-3514751

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KLINK, SALLIE
14415 DABNEY COURT
SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
NAME **WEEKLY, PAUL**
STREET ADDRESS **17480 NICHOLS AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34609**TITLE **D** ☐ Delete
NAME **FOWLER, MARY**
STREET ADDRESS **8211 CRESAP STREET**
CITY-ST-ZIP **BROOKSVILLE FL 34613**TITLE **D** ☒ Delete
NAME **PAGNIELLO, CARLA**
STREET ADDRESS **8139 WINTER STREET**
CITY-ST-ZIP **BROOKSVILLE FL 34613**TITLE **P** ☐ Delete
NAME **KLINK, SALLIE**
STREET ADDRESS **14415 DABNEY COURT**
CITY-ST-ZIP **SPRING HILL FL 34601**TITLE **VP** ☐ Delete
NAME **ARNSTEIN, PAUL**
STREET ADDRESS **15129 GARSON LOOP**
CITY-ST-ZIP **SPRING HILL FL 34610**TITLE **S** ☒ Delete
NAME **KRPAL, KAREN**
STREET ADDRESS **4474 PLUMOSA STREET**
CITY-ST-ZIP **SPRING HILL FL 34607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **MONA TUOMI**
STREET ADDRESS **17016 BOSLEY DR.**
CITY-ST-ZIP **SPRING HILL, FL 34610**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **KEITH FEIERABEND**
STREET ADDRESS **15427 DENNIS DR.**
CITY-ST-ZIP **HUDSON, FL 34669**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Change ☐ Addition
NAME **CARLA PAGNIELLO**
STREET ADDRESS **8139 WINTER ST.**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

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: **DIANE HAGER** **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-01 (352) 796-6627

CR2E037 (10/00)

Attachment
N9900000482C
741151

Please Add:

T

DIANE HAGERT
7097 W. P.A. Rd.
Brooksville, FL
34601