

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90104 005 \*\*\*150.00

**DOCUMENT # P92000002862**

1. Entity Name

**WEST HERNANDO ATHLETIC CLUB SENIORS INC.**



Principal Place of Business

**1465 DEERING AVE  
SPRING HILL FL 34609  
US**

Mailing Address

**C/O MCNALLY  
1465 DEERING AVE  
SPRING HILL FL 34609  
US**

2. Principal Place of Business

**3072 APPLE Blossom TR.**

3. Mailing Address

**3072 APPLE Blossom TR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C/O E. Schippmann**

City & State

**SPRING HILL, FLORIDA**

City & State

**SPRING HILL, FLORIDA**

4. FEI Number

**59-3086353**

Applied For

Not Applicable

Zip

**34606**

Country

**HERNANDO**

Zip

**34606**

Country

**HERNANDO**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCNALLY, JOSEPH B**

**1465 DEERING AVE  
SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name

**SCHIPPMMANN, EDWARD D.**

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

**3072 APPLE Blossom TRAIL**

City

**SPRING Hill**

FL

Zip Code

**34606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**EDWARD D. Schippmann (TREAS.) Edward D. Schippmann 2/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **SAWYER, ROBERT**  
STREET ADDRESS **9405 ASHLEY DR**  
CITY-ST-ZIP **WEEKI WACHEE FL 34613**

TITLE **T** ☒ Delete  
NAME **MCNALLY, JOSEPH B**  
STREET ADDRESS **1465 DEERING AVE**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **S** ☐ Delete  
NAME **ROGERS, LLOYD**  
STREET ADDRESS **5165 PANTHER DR**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **P** ☒ Delete  
NAME **WILLIAM, PASTOR C**  
STREET ADDRESS **6314 SEBRING ST**  
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **T** ☐ Change ☒ Addition  
NAME **EDWARD D. Schippmann**  
STREET ADDRESS **3072 Apple Blossom TRAIL**  
CITY-ST-ZIP **SPRING HILL, FL 34606**

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

TITLE **P** ☐ Change ☒ Addition  
NAME **John BARRONCINI**  
STREET ADDRESS **10381 VENTURA DRIVE**  
CITY-ST-ZIP **SPRING HILL, FL 34608**

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 607, 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:

**Edward D. Schippmann EDWARD D. Schippmann 2/10/03 352/666-1406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)