

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90154 009 \*\*\*150.00

**DOCUMENT # P94000025311**

1. Entity Name

**HERNANDO SKATING AND ENTERTAINMENT CENTER, INC.**

Principal Place of Business

**10451 COUNTY LINE RD.  
SPRING HILL FL 34609**

Mailing Address

**1124 GREENTURF RD  
SPRING HILL FL 34608**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**5393 LEATHER SADDLE LN**

Suite, Apt. #, etc.

City & State

**BROOKSVILLE FL**

Zip

**34609**

Country

**HERNANDO**

4. FEI Number

**59-3233295**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SESSA, NICK  
7345 DOGWOOD CRESCENT  
SPRING HILL FL 34607**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SESSA, NICK	
STREET ADDRESS	7345 DOGWOOD CRESENT	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GRESAK, DANIEL	
STREET ADDRESS	8 APPLE MANOR LANE	
CITY-ST-ZIP	E BRUNSWICK NJ 08816	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SESSA, SAL	
STREET ADDRESS	1124 GREENTURE RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRESACK, MARK	
STREET ADDRESS	8 APPLE MANOR LANE	
CITY-ST-ZIP	E BRUNSWICK NJ 08816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSA, SAL	
STREET ADDRESS	5393 LEATHER SADDLE LN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Nick Sessa*

NICK SESSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-01 352-688-0545

CR2E034 (10/00)