

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90024 028 \*\*\*\*61.25

**DOCUMENT # N97000007220**

1. Entity Name

**FOSTER CARE REVIEW BOARD OF HERNANDO COUNTY, INC**

Principal Place of Business

Mailing Address

**20 NORTH MAIN STREET  
 BROOKSVILLE FL 34601**

**20 NORTH MAIN STREET  
 BROOKSVILLE FL 34601-2817**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3483398**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPARDO, ROBERT A  
 20 NORTH MAIN STREET  
 BROOKSVILLE FL 34601**

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 **D**  Delete  
 NAME **BALDNER, KARL**  
 STREET ADDRESS **11331 PONCE DE LEON BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **NICOLAI, KAREN A**  
 STREET ADDRESS **20 NORTH MAIN STREET**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **RIZWAN, QUEWAHI**  
 STREET ADDRESS **2142 COTTONDALE AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **TAYLOR, SHARON ESQ**  
 STREET ADDRESS **P.O. BOX 1032**  
 CITY-ST-ZIP **BROOKSVILLE FL 34605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SHIELDS, DONALD**  
 STREET ADDRESS **18900 CORTEZE BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature Required*  
 01-06-2000 352754461

Date

Daytime Phone #

CR2E037 19/99