

2001 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-31-2001 90004 024 ****61.25

DOCUMENT # N 48000005579
1. Entity Name Hernando County Visitation Center, Inc.

Principal Place of Business 275 Oak Street
Brooksville, FL 34601

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number 59-3535583
 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

7. Name and Address of New Registered Agent
 Name: Marian Claiborne
 Street Address (P.O. Box Number is Not Acceptable): 275 Oak Street
 City: Brooksville FL Zip Code: 34601

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 Marian J Claiborne DATE 6/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution
Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Helene Johnson</u> <u>10427 Sandtrap Dr.</u> <u>Spring Hill, FL 34608</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Kathleen Loneragan</u> <u>4120 Camelia Dr.</u> <u>Spring Hill, FL 34607</u>	<input type="checkbox"/> Delete <u>(D)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Gemie Bishop</u> <u>20 N. main St. Rm #350</u> <u>Brooksville, FL 34601</u>	<input type="checkbox"/> Delete <u>(D)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Karen Nicols</u> <u>20 N. Main Street Rm #130</u> <u>Brooksville, FL 34601</u>	<input type="checkbox"/> Delete <u>(D)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Niki Hinton</u> <u>4371 Hunters Pass</u> <u>Brooksville, FL 34609</u>	<input type="checkbox"/> Delete <u>(D)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen Nicols DATE 5/21/01 352-796-7024
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (11/00)