

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90008 013 \*\*\*\*61.25

**DOCUMENT # N98000005579**

1. Entity Name  
**HERNANDO COUNTY VISITATION CENTER, INC.**

Principal Place of Business <b>275 OAK STREET          BROOKSVILLE FL 34601</b>	Mailing Address <b>275 OAK STREET          BROOKSVILLE FL 34601</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3535583</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CLAIBORNE, MARIAN  
 275 OAK STREET  
 BROOKSVILLE FL 34601**

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: *Marian Claiborne* DATE: *1-12-02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME P <b>JOHNSON, HELENE</b> STREET ADDRESS <b>10427 SANDTRAP DRIVE</b> CITY-ST-ZIP <b>SPRING HILL FL 34608</b>	<input type="checkbox"/> Delete
TITLE NAME TD <b>NICOLAI, KAREN</b> STREET ADDRESS <b>20 N MAIN STREET, ROOM 130</b> CITY-ST-ZIP <b>BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete
TITLE NAME VPD <b>LONERGAN, KATHLEEN</b> STREET ADDRESS <b>4120 CAMELIA DRIVE</b> CITY-ST-ZIP <b>SPRING HILL FL 34607</b>	<input type="checkbox"/> Delete
TITLE NAME S <b>BISHOP, GERRIE</b> STREET ADDRESS <b>20 N MAIN STREET, ROOM 350</b> CITY-ST-ZIP <b>BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete
TITLE NAME D <b>HINTON, NIKI</b> STREET ADDRESS <b>4371 HUNTERS PASS</b> CITY-ST-ZIP <b>BROOKSVILLE FL 34609</b>	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: *1/12/02* Daytime Phone #: *352-754-4206*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)