

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758628

1. Entity Name

HERNANDO CHRISTIAN PRIVATE ACADEMY, INC.

Principal Place of Business

7200 EMERSON RD
BROOKSVILLE FL 34601-5736

Mailing Address

7200 EMERSON RD
BROOKSVILLE FL 34601-5736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2102319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASCIANO, FRANK
11311 PICKFORD ST
SPRING HILL FL 34609

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

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 STREET ADDRESS CITY-ST-ZIP	TD PETERSON, JAMES H. 26307 MOUNTAIN LAKE RD. BROOKSVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASCIANO, FRANK 11311 PICKFORD ST SPRING HILL FL 34609+	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, SHARON 13209 OLD CRYSTAL RIVER RD BROOKSVILLE FL 34601	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, G W 26335 EHRNSTOCK ST BROOKSVILLE FL 34602	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rick Brock 25458 DAN BROWN Hill Road Brooksville, FL 34602	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Robert Sullivan 8007 Redbud Lane Brooksville, FL 34601	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

FRANK R. BASCIANO

4/16/2001 352-796-0616

Date

Daytime Phone #

CR2E037 (10/00)

00/0442



DO NOT WRITE IN THIS SPACE