2000 UNIFORM BUSINESS REPORT (UBR)

7/21/00-90156-010-$61.25-$61.25

DOCUMENT # N12525

1. Entity Name

HERNANDO COUNTY ALLIANCE FOR THE MENTALLY ILL, I ✓

FILED
00 SEP 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~6323 PINE MEADOWS DRIVE~~	NAMI HERNANDO
P. O. BOX 5613	~~6323 PINE MEADOWS DRIVE~~
SPRING HILL FL ~~34606~~ 34611	P. O. BOX 5613
	SPRING HILL FL ~~34606~~ 34611

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 59-2684242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

DEHART, EVELYN
6191 SUMTER DR
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 Evelyn DeHart President 7-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Furnished 7/17/00
FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEHART, EVELYN 6191 SUMTER DR BROOKSVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition President DeHart; Evelyn 6191 Sumter Dr ~~Brooksville~~, Fl 34602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PELLE, JACK 4427 BAYRIDGE COURT SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition VP Helen Pries 7070 River Run Dr ~~Spring Hill~~, Fl 34606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLOISE, PATRICIA 1049 COBBLESTONE DRIVE SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TR Jack Peelle 4427 Bayridge Ct Spring Hill, Fl 34606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEKOICAN, DOLORES 1173 OVERLAND DRIVE SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SEC Dolores Sekoian 1173 Overland Dr Spring Hill, Fl 34608
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLANDIMO, LILA 14274 EDGEKNOLL ST BROOKSVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SD Esther Mooney 8040 Moriah Av Brooksville, Fl 34613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D Claire/Harry Harrison 10363 Flag Rd Spring Hill Fl. 34608 KE

CR2E037 (5/00)

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 REQUIRED~~ Evelyn DeHart 7/17/00 (352) 796-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Copy