

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90004 003 ****61.25

DOCUMENT # N14718

1. Entity Name

HERNANDO COUNTY PUBLIC FACILITIES FINANCE AUTHOR

Principal Place of Business

Mailing Address

20 NO MAIN STR
ROOM 460
BROOKSVILLE FL 34601-2904
US

20 NO MAIN STR
ROOM 460
BROOKSVILLE FL 34601-2817
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SNOW, ROBERT B
112 N ORANGE AVE
BROOKSVILLE FL 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

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 **SD** ☐ Delete
NAME **NOVY, PATRICIA**
STREET ADDRESS **20 NO MAIN STR, RM 460**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **VD** ☐ Delete
NAME **MILLS, BARBARA A**
STREET ADDRESS **20 NO MAIN STR, RM 460**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ Delete
NAME **LOSSING, RAYMOND A**
STREET ADDRESS **20 NO MAIN STR, RM 460**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **PD** ☐ Delete
NAME **ROBINSON, HANNAH M**
STREET ADDRESS **20 NO MAIN STR, RM 460**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
NAME **SULLIVAN, PAUL H**
STREET ADDRESS **20 N MAIN ST RM 460**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Add
NAME **Christopher A. Kingsley**
STREET ADDRESS **20 North Main Street, Rm. 460**
CITY-ST-ZIP **Brooksville, FL 34601**

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

Paul H. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul H. Sullivan 1-10-00

352-754-4000

Date

Daytime Phone #