

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14718

1. Entity Name

HERNANDO COUNTY PUBLIC FACILITIES FINANCE AUTHOR

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90128 042 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

20 NO MAIN STR  
ROOM 460  
BROOKSVILLE FL 34601-2904  
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

SNOW, ROBERT B  
112 N ORANGE AVE  
BROOKSVILLE FL 34601

Name

Garth C. Collier

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

20 North Main Street, Room 462

City

Brooksville, FL

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

Garth C. Collier

(NOTE: Registered Agent signature required when reinstating)

01/23/01

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. VD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mary E. Whitehouse  
20 North Main Street, Rm 460  
Brooksville, FL 34601 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Diane Rowden  
20 North Main Street, Rm 460  
Brooksville, FL 34601 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KINGSLEY, CHRISTOPHER A  
20 NO MAIN STR, RM 460  
BROOKSVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Mary Aiken  
20 North Main Street, Rm 460  
Brooksville, FL 34601 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Christopher A. Kingsley

January 25, 2001

Date

Daytime Phone #

CR2E037 (10/00)