

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90020 022 ****61.25

DOCUMENT # N14718

1. Entity Name

HERNANDO COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.

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 34601-2904
 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

COLLER NORTH
~~COLLAR, GARTH~~
 20 NORTH MAIN ST
 ROOM 462
 BROOKSVILLE FL 34601

Name **GARTH COLLER**

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

20 NORTH MAIN STREET, ROOM 462

City **BROOKSVILLE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.17.2002

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 ☐ Delete
 NAME **SD BOWDEN, DIANE**
 STREET ADDRESS **20 NORTH MAIN ST RD 460**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ Change ☐ Addition
 NAME **D Rowden, Diane**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD WHITEHOUSE, MARY E**
 STREET ADDRESS **20 NORTH MAIN ST M 460**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **PD Hannah M. Robinson**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D AIKEN, MARY**
 STREET ADDRESS **20 NORTH MAIN ST RM 460**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 2002

Date

352-754-4000

Daytime Phone #

CP2E037 (9/01)