2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90212 041 ****61.25

DOCUMENT # N18389

1. Entity Name

HERNANDO HEALTHCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
18 NO. BROAD ST. BROOKSVILLE FL 34601	18 NO. BROAD ST. BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

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 59-2756094 ☐ 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
GARY, MARY B 18 N BROAD ST BROOKSVILLE FL 34601	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VC TAGLIAMONTE, VINCE 12383 MAYBERRY ROAD SPRINGHILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETTY ESCAMILLA 204 SUNSET DRIVE BROOKSVILLE, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSES, JANET 8221 PAGODA DRIVE SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS HOGAN 22331 POWELL RD BROOKSVILLE, FL 34602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, JOSEPH JR. 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD HOWARD 7141 MARINER BLVD SPRING HILL, FL 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D MCATEER, DERRILL 9025 CITRUS WAY BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAMPLES, GAIL 437 BELL AVENUE BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, EULA B 209 GALAXY AVE. SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] 2-21-01 352-796-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #