

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0079635

DOCUMENT # N93000005323

1. Entity Name

HERNANDO HIGH SCHOOL PERFORMING ARTS CENTER GUIL

03-19-2001 90015 034 ****61.25

Principal Place of Business

**200 NORTH AVENUE
 BROOKSVILLE FL 34601**

Mailing Address

**P O BOX 1027
 BROOKSVILLE FL 34605-1027
 US**

817367



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, BEVERLY
 1080 PONCE DE LEON BLVD
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name

LEWIS BEVERLY

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

215 MAY AVENUE

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.

address change

SIGNATURE

Beverly L. Lewis

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

(NOTE: Registered Agent signature required when reinstating)

3-6-01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUSSELL, JANE	
STREET ADDRESS	1221 CANDLELIGHT BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TRUMP, DR. RICHARD	
STREET ADDRESS	26262 LAKE LINDSEY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MARY	
STREET ADDRESS	10082 DOMINGO DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, BEVERLY	
STREET ADDRESS	1080 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTIN, DOROTHY	
STREET ADDRESS	11011 JOYCE DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGISTER, MAX	
STREET ADDRESS	9863 DOMINGO DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Beverly	
STREET ADDRESS	215 MAY AVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Helm	
STREET ADDRESS	645 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA RODERICK	
STREET ADDRESS	30449 Willow Bank Ave	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLENE JOHNSTON	
STREET ADDRESS	11250 RIDDLE DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3-6-01 (352) 796-5175

Date

Daytime Phone #

CR2E037 (10/00)