2000 UNIFORM BUSINESS REPORT (UBR)

1/27/

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-27-2000 90053 049 ****61.25

DOCUMENT # N96000001773

1. Entity Name

ECONOMIC DEVELOPMENT COMMISSION OF HERNANDO COUN

Principal Place of Business	Mailing Address
12 SOUTH MAIN ST. BROOKSVILLE FL 34601 US	PO BOX 96 BROOKSVILLE FL 34609-6901 US

U00U04U2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15588 Aviation Loop Dr.	15588 Aviation Loop Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34609 Country: U.S.	Zip: 34609 Country: U.S.A.

4. FEI Number: 59-3393270 ☐ 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
RICHARD MICHAEL 12 SOUTH MAIN ST. BROOKSVILLE FL 34601	Name: Richard Michael Street Address (P.O. Box Number is Not Acceptable): 15588 Aviation Loop Dr. City: Brooksville FL Zip Code: 34609

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: Richard Michael Executive Director 01/19/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEP President MORRIS, PORTON (D) PO BOX 156 BROOKSVILLE FL 34605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Porton, Morris (D) PO Box 156 Brooksville, FL 34605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Treasurer (D) TAYLOR, DENNIS A 7343 ROYAL OAK DRIVE SPRING HILL FL 34607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer (D) Taylor, Dennis 7343 Royal Oak Drive Spring Hill FL 34607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUS, EDWARD J 398 FLORIAN WAY SPRING HILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Adams, Barbara (D) 9362 Wallien Dr. Brooksville FL 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President CLIFFORD, DONALD W 3135 TREELINE COURT SPRING HILL FL 34606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Clifford, Donald W. (D) 3135 Treeline Court Spring Hill FL 34606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAWOR-ADAMS, BARBARA 9362 WALLIEN DRIVE BROOKSVILLE FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN WICKERT 4320 LAKE IN THE WOODS SPRING HILL FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E047 (01/00)

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 REQUIRED 01/19/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #