

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000001773**

1. Entity Name

**ECONOMIC DEVELOPMENT COMMISSION OF HERNANDO COUN****FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90018 032 \*\*\*\*70.00

Principal Place of Business

15588 AVIATION LOOP DR  
BROOKSVILLE FL 34609  
US

Mailing Address

15588 AVIATION LOOP DR  
BROOKSVILLE FL 34609  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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

RICHARD MICHAEL  
15588 AVIATION LOOP DR  
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name

MORRIS PORTON

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

4066 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code

34606

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

*Morris Porton*

TREASURER

7/15/01

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. -OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MORRIS, PORTON  
STREET ADDRESS PO BOX 156  
CITY-ST-ZIP BROOKSVILLE FL 34605TITLE TD ☒ Delete  
NAME TAYLOR, DENNIS  
STREET ADDRESS 7343 ROYAL OAK DRIVE  
CITY-ST-ZIP SPRING HILL FL 34607TITLE SD ☒ Delete  
NAME ADAMS, BARBARA  
STREET ADDRESS 9362 WALLIEN DR  
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE VPD ☐ Delete  
NAME CLIFFORD, DONALD W  
STREET ADDRESS 3135 TREELINE COURT  
CITY-ST-ZIP SPRING HILL FL 34608TITLE D ☒ Delete  
NAME JOHN WICKERT  
STREET ADDRESS 4320 LAKE IN THE WOODS  
CITY-ST-ZIP SPRING HILL FL 34607TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☒ Change ☐ Addition  
NAME MORRIS PORTON  
STREET ADDRESS 4066 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL 34606 DTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PRESIDENT ☒ Change ☐ Addition  
NAME DONALD CLIFFORD  
STREET ADDRESS 3135 TREELINE CT  
CITY-ST-ZIP SPRING HILL FL 34606 DTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME ROBERT BUCKNER  
STREET ADDRESS 11 NORTH MAIN ST  
CITY-ST-ZIP BROOKSVILLE FL 34601 D

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:

*Morris Porton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/01

Date

352-688-9170

Daytime Phone #

CR2E037 (5/01)