

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006224

1. Entity Name

HERNANDO COUNTY TEEN PREGNANCY PREVENTION TASK F

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90243 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

300 S MAIN ST  
BROOKSVILLE FL 34601

300 S MAIN ST  
BROOKSVILLE FL 34601-3320

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

59-3500011

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

JONES, JAMES R  
7141 MARINER BLVD.  
SPRING HILL FL 34609

Name ~~Merritt & Keller~~ Daniel B. Merritt, Jr.

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

224 N. Broad Street

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

*Daniel B. Merritt, Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-00

**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 D  
STREET ADDRESS MARTIN, HARRIET B  
CITY-ST-ZIP 33515 WESTWOOD DRIVE  
RIDGE MANOR FL 33525

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SOLIMAN, MAUREEN  
CITY-ST-ZIP 7533 JOMEL DR  
SPRING HILL FL 34607

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PURDY, MARGARET  
CITY-ST-ZIP 8056 WYSOCKI CT  
SPRING HILL FL 34606

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EMMERMAN, ROBIN  
CITY-ST-ZIP 9238 LONG LAKE AVE  
BROOKSVILLE FL 34613

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EBERT, SANDY  
CITY-ST-ZIP 5142 HARBINGER RD  
SPRING HILL FL 34608

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:

*HARRIET B. MARTIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/00 (352) 754-4067

CR2E037 (9/99)