

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006224

1. Entity Name

HERNANDO COUNTY TEEN PREGNANCY PREVENTION TASK FORCE, INC.

Principal Place of Business

Mailing Address

300 S MAIN ST  
BROOKSVILLE FL 34601

300 S MAIN ST  
BROOKSVILLE FL 34601

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

MERRITT, DANIEL B JR  
224 N BROAD STREET  
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

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

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

TITLE D  
NAME MOORE, JOHN  
STREET ADDRESS 20162 CORTEZ BLVD  
CITY-ST-ZIP BROOKSVILLE FL 34601 ☒ Delete

TITLE Secretary  
NAME Mary H. Benedetti  
STREET ADDRESS 300 S. Main St.  
CITY-ST-ZIP BROOKSVILLE, FL 34601 ☐ Change ☒ Addition

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

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

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

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

TITLE D  
NAME HAMILTON, DAVID  
STREET ADDRESS 8447 HILLCREST DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harriet B. Martin 4/22/02 (352) 754-4067

Date

Daytime Phone #

CR2E037 (9/01)

0054326

FILED  
May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90307 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE