

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007220

1. Entity Name

FOSTER CARE REVIEW BOARD OF HERNANDO COUNTY, INC

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90024 028 ****61.25

Principal Place of Business

Mailing Address

20 NORTH MAIN STREET
BROOKSVILLE FL 34601

20 NORTH MAIN STREET
BROOKSVILLE FL 34601-2817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483398

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

7. Name and Address of New Registered Agent

SPARDO, ROBERT A
20 NORTH MAIN 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 ☐ Delete
NAME BALDNER, KARL
STREET ADDRESS 11331 PONCE DE LEON BLVD
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE PD ☐ Delete
NAME NICOLAI, KAREN A
STREET ADDRESS 20 NORTH MAIN STREET
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE STD ☐ Delete
NAME RIZWAN, QUEWAHI
STREET ADDRESS 2142 COTTONDALE AVE
CITY-ST-ZIP SPRING HILL FL 34608

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

TITLE VD ☐ Delete
NAME TAYLOR, SHARON ESQ
STREET ADDRESS P.O. BOX 1032
CITY-ST-ZIP BROOKSVILLE FL 34605

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

TITLE D ☐ Delete
NAME SHIELDS, DONALD
STREET ADDRESS 18900 CORTEZE BLVD
CITY-ST-ZIP BROOKSVILLE FL 34601

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2000 352754461

Date

Daytime Phone #

CR2E037 (9/99)