

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007220

1. Entity Name

FOSTER CARE REVIEW BOARD OF HERNANDO COUNTY, INC

Principal Place of Business

20 NORTH MAIN STREET
BROOKSVILLE FL 34601

Mailing Address

20 NORTH MAIN STREET
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

59-3483398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARDO, ROBERT A
20 NORTH MAIN STREET
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name KATHLEEN F. LONERGAN

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

20 N. MAIN ST., ROOM 204

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

Kathleen F. Lonergan

1-10-01

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

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

TITLE D
NAME BALDNER, KARL
STREET ADDRESS 11331 PONCE DE LEON BLVD
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME TREASURER / DIRECTOR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME PRESIDENT / DIRECTOR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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:

Karen Nicolai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

2-5-01

813152



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)