

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0093189

**DOCUMENT # N98000003107**

1. Entity Name  
**HUMAN RIGHTS COALITION OF HERNANDO COUNTY, INC.**



**FILED**

03 NOV 17 AM 11:06

Principal Place of Business  
**3418 KNOTTY OAKS CIRCLE  
SPRING HILL FL 34606**

Mailing Address  
**3418 KNOTTY OAKS CIRCLE  
SPRING HILL FL 34606**

**REINSTATEMENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3571134** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARIO, JEFFREY P  
TEW, ZINOBAR, BARNES, ZIMMET & UNICE  
7361 FOREST OAKS BOULEVARD  
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent  
Name **Jeffrey P. Cario, Jeffrey P. Cario, P.A.**  
Street Address (P.O. Box Number is Not Acceptable) **8235 River Country Drive**  
City **Spring Hill** FL Zip Code **34607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **11/5/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC DRY, WALTER <i>DL</i> 3418 KNOTTY OAKS CIRCLE SPRING HILL FL 34606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC MORANA, NICHOLAS 4257 DRUMMOND AVENUE SPRING HILL FL 34608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SOTO, JEANETTE R 122 DOLLY DRIVE BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT COVERT, HAROLD W 4453 PLUMOSA DRIVE SPRING HILL FL 34606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHICHAster, DUANE L 15299 CORTEZ BLVD BROOKSVILLE FL 34603</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARIO, JEFFREY P 7361 FOREST OAKS BLVD SPRING HILL FL 34606</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700023589537 11/17/03--01109--028 **175.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700023589537 10/06/03--01072--006 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **10-1-03-352-684-7740**

CR2E037 (10/02)