

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 040 ***150.00

DOCUMENT # **PA 300004590V**

1. Entity Name
BDC of Hernando County Inc.

Principal Place of Business Mailing Address

**1470 Pinehurst Dr.
 Spring Hill FL 34606**

2. Principal Place of Business Suite, Apt. #, etc. **1470 Pinehurst Dr**
 3. Mailing Address Suite, Apt. #, etc. **1470 Pinehurst Dr**

City & State **Spring Hill FL** City & State **Spring Hill FL**
 Zip **34606** Country **Hernando** Zip **34606** Country **Hernando**

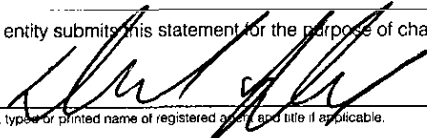
4. FEI Number **59-3214114** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Daniel J Cox**
 Street Address (P.O. Box Number is Not Acceptable) **1201 Bardahl Ave.**
 City **Spring Hill FL** Zip Code **34609**

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  DATE **6/21/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE President | <input type="checkbox"/> Delete |
| NAME Brandon | |
| STREET ADDRESS 3914 Butternut Ct. | |
| CITY-ST-ZIP Brandon FL 33511 | |
| TITLE Vice Pres. | <input type="checkbox"/> Delete |
| NAME Daniel J. Cox | |
| STREET ADDRESS 1201 Bardahl Ave. | |
| CITY-ST-ZIP Spring Hill FL 34609 | |
| TITLE Treasurer | <input type="checkbox"/> Delete |
| NAME Marcia Bellows Brown | |
| STREET ADDRESS 416 Myers Rd | |
| CITY-ST-ZIP Brooksville FL | |
| TITLE Secretary | <input type="checkbox"/> Delete |
| NAME Tanina Cox | |
| STREET ADDRESS 1201 Bardahl Ave. | |
| CITY-ST-ZIP Spring Hill FL 34609 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 reports 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **6/21/00** DAYTIME PHONE # **352/666-4941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)