



STATE OF FLORIDA
Disclosure Statement
Department of Management Services Form 4114

Lease Number: 4 2 0 : 0 5 2 6

Purpose

This form is used to collect the information required pursuant to subsections 255.249(4)(h), 255.249(4)(i) and 255.01, Florida Statutes.

1. Ownership – Indicate the type of ownership of the facility in which this lease exists.

- a. Publicly Owned Facility
- b. Privately Owned Facility Individually held Entity held (e.g., corporate, LLC, partnership, etc.)

c. Name of titleholder: Hernando County Board of County Commissioners
 Titleholder FEIN or SSN: 591155275
 Name of facility: Brooksville-Tampa Bay Regional Airport / T-Hangar #1
 Facility street address: 2125 American Flyer Drive
 Facility city, state, zip code: Brooksville, Florida 34604

2. Disclosure Requirements

- a. Does a corporation registered with the Securities and Exchange Commission and/or registered pursuant to chapter 517, Florida Statutes, own the facility listed above? Yes No
If "Yes," please proceed to section 4.
- b. Does any party have a 4% or greater ownership interest in the facility or the entity holding title to the facility? Yes No
If "Yes," please proceed to 2.c.
- c. Does any public official, agent, or employee hold any ownership interest in the facility or the entity holding title to the facility? Yes No
If "Yes," please proceed to 2.d.
- d. Is the facility listed above financed with any type of local government obligations? Yes No
If "Yes," please stop and immediately contact your state leasing representative.

3. Ownership Disclosure List - (additional pages may be attached)

| a. Name | Government Agency (if applicable) | Extent of Interest (Percent) |
|---------|-----------------------------------|------------------------------|
| | | 100.00 % |
| | | 0.00 % |
| | | 0.00 % |
| | | 0.00 % |
| | | 0.00 % |
| | | 0.00 % |
| | | 0.00 % |

b. The equity of all others holding interest in the above named facility totals: _____

4. Signatures

By signing this form, the undersigned acknowledges that the information provided is true and complete, to the best of their knowledge.

a. Publicly Owned Facilities

Signature: _____
Name: John Allocco, Chairman
Government Entity Hernando County Board of County Commissioners
Date: 11-7-2023



b. Private Individually-held Facilities

Signature: _____
Name: _____
Date: _____

Signature: _____
Name: _____
Date: _____

c. Entity-held Facilities

This is to certify, that the undersigned is authorized to conduct business as a representative of the entity listed in section 1.c. of this Disclosure Statement.

Signature: _____
Name: _____
Date: _____

