

Florida PRIME Participant Account Maintenance Form

One form must be completed for each agency account)

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Creation Date: N/A

Submission Date: November 18, 2025

Account Information		Contact Information	
Agency Account Number:	171101	Address:	919 NORTH BROAD STREET
Participant Name:	HERNANDO COUNTY SCHOOL BOARD	City/State/Zip:	BROOKSVILLE, FL 34601
Account Name:	HERNANDO COUNTY SCHOOL BOARD	Phone	(352) 797-7004
		Fax	(352) 797-7104

Banking Information			
Bank WIRING Information		WIRE Information Changed? No	
Beneficiary Bank Name	SUNTRUST BANK	ABA/Routing Number	061000104
Account Name	HERNANDO COUNTY SCHOOL BOARD	Account Number	*****2745
Complete this section below ONLY if your bank is not on-line with the Federal Reserve and utilizes a correspondent bank for wires			
Receiving Bank Name		ABA/Routing Number	
Account Name			
Beneficiary Information		Beneficiary Account	

Bank ACH Instructions		ACH Information Changed? No	
<i>(Complete if plan to utilize ACH option)</i>			
Beneficiary Bank Name		ABA/Routing Number	
Account Name		Account Number	

Name of ALL Persons Authorized to Transmit/Withdraw Funds

Name	Email	Status
DIONNE BRINSON	BRINSON_D2@HCSB.K12.FL.US	
JOYCE MCINTYRE	mcintyre_j@hcsb.k12.fl.us	

Name of ALL With 'View Only' Website Privilege (full access to website but may NOT conduct business)

Name	Email	Status
JULIE HANSEN	HANSEN_J@HCSB.K12.FL.US	

Name, Title, Email and Signature of Persons Authorized to Notify the SBA of Changes in Account Information

Name: RAY PINDER	Title: SUPERINTENDENT	N / R: N/A
Email: PINDER_R@HCSB.K12.FL.US	Signature:	
Name: SHANNON RODRIGUEZ	Title: CHAIRPERSON	N / R: Removed
Email: RODRIGUEZ_S@HCSB.K12.FL.US	Signature:	
Name: Kacey Hawkins	Title: Chairperson	N / R: New
Email: hawkins_k@hcsb.k12.fl.us	Signature:	

Number of Authorizing Signatures in Change Account Information: 1

PLEASE NOTARIZE FORM AND RETURN THE ORIGINAL TO BE PROCESSED

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged
before me
this _____ day of _____, 20____
by _____ who
is/are personally known to me or who has
produced

_____ as identification
and who did/did not take an oath

*Choose One

AUTHORIZED SIGNATURE #1

TITLE

AUTHORIZED SIGNATURE #2 (IF REQUIRED)

TITLE

DATE

(SEAL)

Notary Public State of Florida

My commission expires: _____

Authorized signers must complete the Disclosure Statement on page 2 (required by FS 218.407(1))

FOR STATE BOARD OF ADMINISTRATION USE ONLY

Initial input _____ Date _____

Mgt review & approval _____ Date _____

Form update: 7/14/2015

Please notarize and return the original forms with wet signatures to the address
below for processing.

Completed forms can be sent to:
Florida State Board of Administration
Attention: PRIME OPERATIONS
1801 Hermitage Blvd, Suite 100
Tallahassee, FL 32308



Disclosure Statement

For Participation in the Local Government Surplus Funds Trust Fund (Florida PRIME)

This Disclosure Statement (the "Statement") is made and entered into by and between the State Board of Administration of Florida (the "SBA") and _____ (the "Participant").

WHEREAS, the SBA is authorized pursuant to Chapter 218.409, Florida Statutes to receive, transfer, and disburse surplus money and securities belonging to "units of local governments" of the state (as defined herein);

WHEREAS, the Local Government Surplus Funds Trust Fund (Florida PRIME) is a public funds investment pool, which funds are invested in certain eligible investments as more fully described in the enrollment materials;

WHEREAS, the SBA is authorized pursuant to Section 215.44, Florida Statutes to invest the funds of state agencies, state universities and colleges and direct support organizations of any of the foregoing in Florida PRIME;

WHEREAS, the Participant has determined that it is authorized to invest in Florida PRIME created under the Florida Statutes and has adopted the required Authorizing Resolution to permit the SBA to invest and reinvest funds of the Participant in Florida PRIME;

WHEREAS, the Participant acknowledges that the SBA is not responsible for independently verifying the Participant's authority to invest under the statutes;

WHEREAS, the Participant acknowledges that the performance of Florida PRIME is not guaranteed by the State of Florida, the SBA or any other governmental entities; and

NOW THEREFORE, for and in consideration of the mutual promises, covenants and agreements herein contained, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree with each other as follows:

The Disclosure Statement. The Participant must execute this Disclosure Statement, an Authorizing Resolution and a completed Participant Account Maintenance Form designating person(s) to serve as Authorized Representatives of the Participant before depositing any funds into Florida PRIME.

Acknowledgement of Disclosure. The following signatory is a duly appointed, acting, and qualified officer of the Participant, who, in the capacity set forth above is authorized to execute this Statement. Further the Participant hereby acknowledges receipt and review of these enrollment materials which includes the New Participant Enrollment Guide, Authorizing Resolution, this Disclosure Statement, Florida PRIME Investment Policy Statement, applicable Rules, and other historical financial information also posted on the Florida PRIME website. At the SBA's discretion, modifications to these documents may be posted on the Florida PRIME website. The Participant will have up to 45 days to withdraw their funds from the Florida PRIME or the modifications will be deemed accepted by the Participant.

PARTICIPANT NAME:

DATE

SIGNATURE:

TITLE

PRINTED NAME:

EMAIL