

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 720322

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

2714 W. KRIBY ST.
TAMPA, FLA, 33614 US

New Principal Place of Business:

2714 W. KRIBY ST.
TAMPA, FL 33614 US

Current Mailing Address:

P.O. BOX 9537
TAMPA, FL 33674 US

New Mailing Address:

FEI Number: 59-0895908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLISTON, RICHARD
9704 MONARCH DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD (X) Delete
Name: DEEGAN, GENE
Address: 3710 HAVERHILL RD
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: BOBANIC, PATRICIA C
Address: 5003 GARRICK CT.
City-St-Zip: TAMPA, FL 33624

Title: PD () Delete
Name: HEUMAN, HARRY
Address: 15719 GARDENSIDE LN
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: SKOAN, RHONDA
Address: 503 W IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: RIBA, DAVID S
Address: P O BOX 4517
City-St-Zip: CLEARWATER, FL 33758

Title: D () Delete
Name: BRANNOCK, STEVEN
Address: 8113 REVELS RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SLOAN, RHONDA
Address: 503 W IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY HEUMAN

PD

04/17/2002

Electronic Signature of Signing Officer or Director

Date