2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#720322

FILED Jan 08, 2003 Secretary of State

Entity Name: HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
2714 W. KRIBY ST. TAMPA, FL 33614 US						
Current Mailing Address:			New Mailii	New Mailing Address:		
P.O. BOX S TAMPA, FL		6				
FEI Number:	59-0895908	FEI Number Applied For() FE	I Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
LILLISTON, RICHARD 9704 MONARCH DRIVE TAMPA, FL 33618 US						
The above in the State		submits this statement for the purpo	se of changing it	ts registered	d office or registered agent, or both,	
SIGNATURE:						
		nic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (HEUMAN, HAR 15719 GARDE TAMPA, FL 33	NSIDE LN	Title: Name: Address: City-St-Zip:	RODRIGUEZ	ENTER DR. # 115	
Title: Name: Address: City-St-Zip:	SD (SLOAN, RHON 503 W IDLEWI TAMPA, FL 33	LD AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RIBA, DAVID S P O BOX 4517 CLEARWATER		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BRANNOCK, S 8113 REVELS RIVERVIEW, F	RD	Title: Name: Address: City-St-Zip:		DENSIDE LANE	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D FRASSA, CO 8001 LAGO TAMPA, FL	VISTA	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	HOLBROOK	MON STREET	
I hereby co	rtify that the in	formation cumplied with this filing do	oos not qualify fo	r the for the	everyntion stated in Section 119 07(3)(i)	

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: MELANIE RODRIGUEZ PD 01/08/2003

SIDOR, ERIC - D 4230 S. MACDILL AVE; # H TAMPA, FL 33611

RICH, DAVID - D 4830 W. KENNEDY BLVD; # 200 TAMPA, FL 33609

LOGSDON, GLORIA - D 1150 SHIPWATCH CIRCLE TAMPA, FL 33602

RICH, DAVID - D

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