2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachy

FILED DOCUMENT # 743170 Mar 10, 2000 8:00 am 1. Entity Name **Secretary of State** A BRIGHTER COMMUNITY, INC. 03-10-2000 90012 037 ****69.75 Principal Place of Business Mailing Address 1613 N. MARION ST. 1613 N. MARION ST. TAMPA FL 33602-2638 TAMPA FL 33602-9638 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-0624453 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 9 Box Number is Not Acceptable) CARROLL, JOHN 225 E. MADISON ST **TAMPA FL 33602** 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 nature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition TITLE Delete TITLE NAME bin Debret NAME CARROLL, JOHN UI E. Kennedy Blvd. STREET ADDRESS STREET ADDRESS 220 E MADISON ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 Addition Addition Delete TITLE TITLE NAME NAME LOETHAN, ANGELA STREET ADDRESS STREET ADDRESS 100 S. ASHLEY STREET SDI C CITY-ST-ZIP CITY-ST-ZIF **TAMPA FL 33602** Addition Delete TITLE TITLE NAME NAME GOMEZ, LEO STREET ADDRESS STREET ADDRESS 101 E. KENNEDY BLVD CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33602 Change Addition Delete. TITLE IIILE Frum, Manyo NAME NAME BARBAS, STEVE 110 E-Chelsea Street STREET ADDRESS STREET ADDRESS 1802 W CLEVELAND STREET CITY-ST-ZIP D.T.: ST-ZIP TAMPA FL Addition Delete TITLE ☐ Change TIBLE Bradford Richard NAME WILEY, SALLY 109 N. Brush Street STREET ADDRESS Laura Annaegg 16601 MILLAN DR. CITY-ST-ZIP ST-ZIP **TAMPA FL 33629** ☐ Delete TITLE Change Addition NAME TÜNBEĞĞ STREET ADDRESS CITY-ST-ZIP 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 report 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 regenerator trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if