2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767197 1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

наме STREET ADDRESS

TITLE -

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

RUGG, ELIZABETH M 709 S. PACKWOOD AVE. TAMPA FL 33606

HEALTH COUNCIL OF WEST CENTRAL FLORIDA INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

THOMAS, BETTY

LIBBY, DAVID

ROSS, JANET

VD.

SD

TD

VD.

SD

9800 4TH ST N STE 206

ST. PETERSBURG FL 33702

Judah, Suzanne

Young, Joyce

9800 4th Street No., Suite 206

9800 4th Street No., Suite 206

St. Petersburg, FL 33713

ST. PETERSBURG FL 33702

KUSHNER, MICHAEL

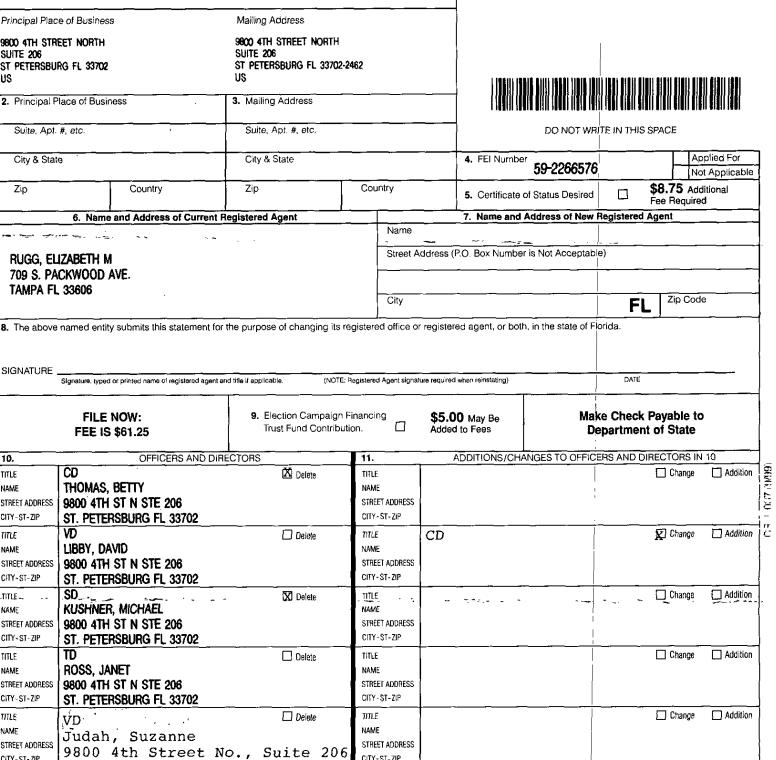
ST. PETERSBURG FL 33702

ST. PETERSBURG FL 33702

Principal Place of Business Mailing Address 9800 4TH STREET NORTH 9800 4TH STREET NORTH SUITE 206 SUITE 206 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702-2462 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90172 033 ****61.25



I hereby certify that the information supplied with this filling 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 receiver or 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Country

Name

City

11.

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

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CD

CITY-ST-ZIF

9. Election Campaign Financing

Trust Fund Contribution.

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☐ Delete

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☐ Change

Addition

Daytime Phone #