

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90168 026 ****61.25

DOCUMENT # 767197

1. Entity Name

HEALTH COUNCIL OF WEST CENTRAL FLORIDA INC.



Principal Place of Business

**9800 4TH STREET NORTH
SUITE 206
ST PETERSBURG FL 33702
US**

Mailing Address

**9800 4TH STREET NORTH
SUITE 206
ST PETERSBURG FL 33702
US**

10029325



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2266576**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DST THOMAS, BETTY ☒ Delete
STREET ADDRESS	9800 4TH ST N STE 206
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE NAME	DC JUDAH, SUZANNE ☐ Delete
STREET ADDRESS	9800 4TH STREET NO., SUITE 206
CITY-ST-ZIP	SAINT PETERSBURG FL 33713
TITLE NAME	D MYERS, JOSEPH ☒ Delete
STREET ADDRESS	9800 4TH STREET NO., SUITE 206
CITY-ST-ZIP	SAINT PETERSBURG FL 33702
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D ANTHONY FERRARO ☐ Change ☒ Addition
STREET ADDRESS	9800 4TH STREET NORTH, SUITE 206
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE NAME	D DAVID W. LIBBY ☐ Change ☒ Addition
STREET ADDRESS	9800 4TH STREET NORTH, SUITE 206
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE NAME	D DOROTHY LEE LINDSEY ☐ Change ☒ Addition
STREET ADDRESS	9800 4TH ST. NORTH, SUITE 206
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: **ELIZABETH RUGG**

2/18/03 8727-217-7070

CR2E037 (10/02)