

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769967

1. Entity Name

TAMPA/HILLSBOROUGH COUNTY YOUTH COUNCIL, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90138 028 ****61.25

Principal Place of Business

Mailing Address

712 W. ROSS AVE.
TAMPA FL 33602

712 W. ROSS AVE.
TAMPA FL 33602-1844

2. Principal Place of Business

3. Mailing Address

102 E. 7th Avenue

102 E. 7th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2387402

Applied For
 Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, MYRON
712 W. ROSS AVE.
TAMPA FL 33602

Name
Bradley, Shelia

Street Address (P.O. Box Number is Not Acceptable)
102 E. 7th Avenue

City Tampa FL Zip Code 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 Shelia Bradley January 12, 2000
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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME P WILSON, SANDRA H.
 STREET ADDRESS 2001 N 14TH STREET
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME P Gonzalez, Margarita
 STREET ADDRESS 306 E. Jackson Street
 CITY-ST-ZIP Tampa, Florida 33602

TITLE Delete
 NAME V SHIMBERG, JAMES
 STREET ADDRESS 400 N ASHLEY DR.
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T SELMAN, LEE ROY
 STREET ADDRESS 111 E MADISON ST.
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME T Smith, Byron
 STREET ADDRESS 100 2nd Avenue South, Suite 600
 CITY-ST-ZIP ST. Petersburg, Florida 33701

TITLE Delete
 NAME D FREEDMAN, SANDY W.
 STREET ADDRESS 306 EAST JACKSON ST.
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME D Bradley, Shelia
 STREET ADDRESS 102 E. 7th Avenue
 CITY-ST-ZIP Tampa, FL 33602

TITLE Delete
 NAME D JACKSON, MYRON
 STREET ADDRESS 712 W ROSS AVE
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME D Bouden, Bobby
 STREET ADDRESS 306 E. Jackson Street
 CITY-ST-ZIP Tampa, FL 33602

TITLE Delete
 NAME D TILLERY, HOMER
 STREET ADDRESS % 712 W ROSS, POB 320265
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME D Harrison, Shawn
 STREET ADDRESS 315 E. Kennedy Blvd.
 CITY-ST-ZIP Tampa, FL 33602

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: Shelia Bradley MRS Shelia Bradley 1/12/00 (813)274-5871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)