2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90075 046 ****61.25

DOCUMENT # N26794

1. Entity Name

OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, I

Principal Place of Business	Mailing Address
OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOC PO BOX 360022 TAMPA FL 33673 US	OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOC PO BOX 360022 TAMPA FL 33673 US

AUU22333

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
HUNTER, BILL 202 E. NORTH ST TAMPA FL 33604	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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHACKELFORD, BOB 1315 E. DIENA ST TAMPA FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BILL DUVALL 5408 N. BRANCH AVE. TAMPA FL 33604	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUNNELS, BOB 120 W. POWHATTON ST TAMPA FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V A. EVAN ST. IVES E POWHATTAN ST TAMPA FL 3360	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUNTER, BILL 202 EAST NORTH ST TAMPA FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HUNTER, BILL 202 E. NORTH ST. TAMPA FL 33604	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REED, RAYMOND 1421 HILTON PL TAMPA FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DUBALL, BILL 5408 N BRANCH AVE TAMPA FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GLUCKMAN, STEVE 5114 N SUWANEE TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED TREASURER RAYMOND REED 2-2-01 (813) 636-361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #