

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004597

1. Entity Name

HISTORIC HYDE PARK NEIGHBORHOOD ASSOCIATION, INC

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90058 041 \*\*\*\*61.25

Principal Place of Business

~~1714 W. JETTON AVE.~~  
~~1504 S DESOTO AVE~~  
~~TAMPA FL 33606~~

Mailing Address

~~1714 W. JETTON AVE~~  
~~1504 S DESOTO AVE~~  
~~TAMPA FL 33606~~

2. Principal Place of Business

1704 W. JETTON AVE

Suite, Apt. #, etc.

3. Mailing Address

1704 W. JETTON AVE.

Suite, Apt. #, etc.

City & State

TAMPA FL 33606

City & State

TAMPA FL

4. FEI Number

59-3398233

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ELIZABETH B  
HOLLAND & KNIGHT  
400 N ASHLEY  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name: JOHN JONES  
Street Address (P.O. Box Number is Not Acceptable):  
1704 W. JETTON AVE  
City: TAMPA FL Zip Code: 33606

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:  DEVIN A. BAILLAIRGE, TREASURER 4-17-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PATRICK E	
STREET ADDRESS	1504 S DESOTO AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	1704 JETTON AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILLAIRGE, DEVIN	
STREET ADDRESS	2111 W WATROUS	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ROBERT	
STREET ADDRESS	2109 MARJORY AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CROUP, RICK	
STREET ADDRESS	1904 MORRISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, KEN	
STREET ADDRESS	2109 W HILLS AVE	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN JONES	
STREET ADDRESS	1704 W. JETTON AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE SIMPSON	
STREET ADDRESS	1705 W. JETTON	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVIN BAILLAIRGE	
STREET ADDRESS	2111 W. WATROUS	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY HOLLINGWORTH	
STREET ADDRESS	802 S. PACKWOOD AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKE MELENDI	
STREET ADDRESS	2104 W. WATROUS	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABRIEL PICONE	
STREET ADDRESS	907 S. PACKWOOD AVE	
CITY-ST-ZIP	TAMPA FL 33606	

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 B. JOHNSON, DIRECTOR-TREASURER 4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)