2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am § Secretary of State DOCUMENT # N96000004789 05-17-2001 91354 007 ****70.00 SOUTH HILLSBOROUGH COMMUNITY CUPBOARD, INC. Principal Place of Business Mailing Address 1520 33RD STREET S.E. 201 14TH AVE. S.E. RUSKIN FL 33570 RUSKIN FL 33570 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3432033 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent :Name-Street Address (P.O. Box Number is Not Acceptable) ZIPPERER, TONY 1520 33RD STREET S.E. RUSKIN FL 33570 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9: Election Campaign Financing \$5.00 May Be **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE Delete TITLE NAME BERRIEN, JAMES NAME STREET ADDRESS STREET ADDRESS 5803 VEL STREET CITY-ST-ZIP CITY-ST-ZIP WIMAUMA FL 33598 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME HISCOCK, BUD STREET ADDRESS STREET ADDRESS 16915 HIGHWAY 39 SOUTH CITY-ST-ZIP LITHIA FL 33547 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ZIPPERER, TONY NAME STREET ADDRESS STREET ADDRESS 1520 33RD STREET S.E. CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33570 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED