

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

FILED
Sep 15, 2003 8:00 am
Secretary of State

04-24-2003 90200 038 ****61.25

DOCUMENT # N96000004789

1. Entity Name

SOUTH HILLSBOROUGH COMMUNITY CUPBOARD, INC.



Principal Place of Business

**201 14TH AVE. S.E.
RUSKIN FL 33570
US**

Mailing Address

**1520 33RD STREET S.E.
RUSKIN FL 33570**

44005826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3432033**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fes Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIPPERER, TONY
1520 33RD STREET S.E.
RUSKIN FL 33570**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BERRIEN, JAMES**
STREET ADDRESS **5803 VEL STREET**
CITY-ST-ZIP **WIMALMA FL 33598**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZIPPERER, TONY**
STREET ADDRESS **1520 33RD STREET S.E.**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **D** ☐ Change ☒ Addition
NAME **Kathline McCook**
STREET ADDRESS **PO Box 1027**
CITY-ST-ZIP **Ruskin, Florida 33570**

TITLE **D** ☒ Delete
NAME **BRYANT, BILL**
STREET ADDRESS **940 CHERT ROCK TRAIL**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 817, 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:

STANDARD REQUIRED

4-18-03

(813) 645-600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/ma Phone #

CR2E037 (10/02)