

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 001 ****61.25

DOCUMENT # N14351

1. Entity Name

REESE GROUP HOME OF TAMPA BAY, INC.

Principal Place of Business

7614 35TH AVENUE SOUTH
TAMPA FL 33619

Mailing Address

7614 35TH AVENUE SOUTH
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2722411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REESE, LINDA C.
7614 35TH AVENUE SOUTH
TAMPA FL 33619

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	PD	<input checked="" type="checkbox"/> Delete
NAME	REESE, ROBERT E.	
STREET ADDRESS	7614 35TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VST	<input type="checkbox"/> Delete
NAME	REESE, LINDA C.	
STREET ADDRESS	7614 35TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	REESE, LINDA C.	
STREET ADDRESS	7614 35TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE MAE	
STREET ADDRESS	6903 CAMERON AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reese, Linda C	
STREET ADDRESS	7614 So. 35th Ave	
CITY-ST-ZIP	TAMPA, FLA. 33619	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reese, Robert Earl	
STREET ADDRESS	7614 So. 35th Ave	
CITY-ST-ZIP	Tampa, FLA. 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles, Willie Mae	
STREET ADDRESS	6903 Cameron Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deonne Johnson	
STREET ADDRESS	6903 Cameron Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Woods	
STREET ADDRESS	7614 So. 35th Ave	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: *Linda C. Reese* LINDA C. Reese 4-26-02 813-621-7679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)