

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

0012644

DOCUMENT # N14351

1. Entity Name

REESE GROUP HOME OF TAMPA BAY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 11 AM 8:43

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2722411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700022944717	
CITY-ST-ZIP	09/11/03--01008--002 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Peterson, Willie Mae - S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7505 Savannah Lane	
STREET ADDRESS	Tampa, FL 33637	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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* REESE, LINDA C. Reese 9-2-03 813 621-7679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)