## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # 708777 1. Entity Name VETERANS COUNCIL OF HILLSBOROUGH COUNTY, INC. 02-06-2001 90327 023 \*\*\*\*61.25 Principal Place of Business Mailing Address. 3602 HIGHWAY 301 NO **VETERANS PARK & MUSEUM** POSTATA 3602 HIGHWAY 301 NO TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2956581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) BRAUN, DAVE 510 ROBIN HILL CIRCLE **BRANDON FL 33510** Zip Code FL 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 me of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Change ☐ Addition TITLE TITLE ☐ Delete LERAY CAROLINA 1516 STORINGTON AVE BRAUN, DAVE NAME NAME STREET ADDRESS STREET ADDRESS 510 ROBIN HILL CIRCLE BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** Change ☐ Addition TITLE VD. ☐ Delete TITLE NAME NAME KRAMER, JIM 7609 3. SHERRILL ST. STREET ADDRESS STREET ADDRESS 1720 GRAND RAPIDS CITY-ST-ZIP CITY-ST-ZIP TAMBA FL TAMPA FL 33619 TITLE Change Addition TITLE: ☐ Delete L PRINCESON NAME SEELY, CHUCK NAME 12826 WALMUSFORD DR STREET ADDRESS STREET ADDRESS 1528 PORTSMOUTH LK DR. CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEREDITH, JOHN R NAME STREET ADDRESS STREET ADDRESS 208 PARSONS GEN. #801 CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511-6050 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 epot 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

TREAS 1/22/0)