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

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FILED
Apr 04, 2003 8:00 am
Secretary of State
02-26-2003 90136 044 ****61.25

DOCUMENT # 708777

1. Entity Name
VETERANS COUNCIL OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
VETERANS PARK & MUSEUM 3602 HIGHWAY 301 NO TAMPA FL 33619 US	3602 HIGHWAY 301 NO TAMPA FL 33619 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2956581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAUN, DAVE 510 ROBIN HILL CIRCLE BRANDON FL 33510	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 DAVE BRAUN Dave Braun DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAROLINA, LEROY 1516 STORINGTON AVENUE BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATSON, LINDA 7609 SOUTH SHERRY STREET TAMPA FL 33616	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 1st. VICE PRES. BEN RITTER 121 W. 122nd AV. TAMPA, FL 33612	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERSON, BILL 12826 WALLINFORD DRIVE TAMPA FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 2ND VICE PRES AL MACDONALD 11830 GROVEWOOD AV. THONOTOSASSA, FL. 33592	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 3RD VICE PRES AL DOYLE 1817 BRANDON BROOK RD. VALRICO, FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 2-16-2003 (Date) mobile# 813 310-8513 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR