

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90210 010 ***61.25

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DOCUMENT # 719432

1. Entity Name

HILLSBOROUGH COUNTY SCHOOLS TRANSPORTATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9455 HARNEY RD.
THONOTOSASSA FL 33592****C/O CAROLYN BARLOW
9455 HARNEY ROAD
THONOTOSASSE FL 33592-3705**

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

59-1714267

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

**- RODRIGUEZ, BARBARA
10211 N 23RD STREET
TAMPA FL 33612**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	RODRIGUEZ, BARBARA	10211-N 23RD ST	TAMPA FL 33612				
VP	CAMPBELL, MARCIA	6408 E EUGENE AVENUE	TAMPA FL 33619				
SD	OVERCASH, LOUISE	607 BLOOMINGDALE AVE.	BRANDON FL 33511				
TD	BARLOW, CAROLYN	12520 AVERY ROAD	THONOTOSASSA FL 33592				
DSR	KENNEDY, PAULINE	17711 BOY SCOUT ROAD	ODESSA FL 33556				

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: Carolyn H. Barlow Carolyn H. Barlow 1-17-02 (813) 986-4398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)