

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720322

1. Entity Name

HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS,

Principal Place of Business

Mailing Address

2714 W. KIRBY ST.
TAMPA, FL 33614
US

P.O. BOX 9537
TAMPA FL 33674-9537
US

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

59-0895908

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LILLISTON, RICHARD
3704 MONARCH DRIVE
TAMPA FL 33618

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMIDA, ROBERT 3712 ORANGE PT. DR. VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOBANIC, PATRICIA C 5003 GARRICK CT. TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINZEL, BONNIE 6710 N RIVER BLVD TAMPA FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOAN, RHONDA 503 W. IDLEWILD AVE. TAMPA FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Deegan, Gene 3710 Havenhill Drive Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brannock, Steven 8113 Revels Rd. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Heuman, Hanny 15719 Gardenside Lane Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Holbrook, Tony 5001 W. Lemon St Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Riba, S. David P.O. Box 4517 Clearwater, FL 33758	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-931-9100

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90083 045 ****70.00



DO NOT WRITE IN THIS SPACE