

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737145

1. Entity Name

UNITED WAY OF HILLSBOROUGH COUNTY, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90121 006 ****70.00

0060634

Principal Place of Business

Mailing Address

1000 NORTH ASHLEY
800
TAMPA FL 33602
US

P.O. BOX 172249
TAMPA FL 33672-0249

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

59-0799927

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

SCHEELER, KIM
1000 NORTH ASHLEY
SUITE 800
TAMPA FL 33602

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/01
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~TD~~ Director ☐ Delete
NAME O'CONNELL, ANN
STREET ADDRESS 1000 N. ASHLEY, STE 800
CITY-ST-ZIP TAMPA FL 33602

TITLE TD ☐ Change ☒ Addition
NAME JOHN BORRECA
STREET ADDRESS 1000 N. ASHLEY STE 800
CITY-ST-ZIP TAMPA, FL 33602

TITLE D ☐ Delete
NAME NANNEY, ROGER
STREET ADDRESS 1000 N. ASHLEY, STE. 800
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ASHE, REID
STREET ADDRESS 1000 N. ASHLEY, ATE 800
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HELMAN, ERIC
STREET ADDRESS 1000 N. ASHLEY, STE 800
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ADAMS, TIM
STREET ADDRESS 1000 N. ASHLEY, STE. 800
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SCHEELER, KIM
STREET ADDRESS 1000 N. ASHLEY STE. 800
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ 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 reports 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01
Date

813-274-0900
Daytime Phone #

CR2E037 (10/00)