2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # .741931

1. Entity Name

THE HILLSBOROUGH COUNTY CRISIS CENTER, INC.

FILED
00 FEB -8 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2214 East Henry Avenue Tampa, Florida 33610-4433	2214 East Henry Avenue Tampa, Florida 33610-4497

2. Principal Place of Business	3. Mailing Address
~~One Crisis Center Plaza~~ Suite, Apt. #, etc.	~~One Crisis Center Plaza~~ Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33613 Country: HILLSBOROUGH	Zip: 33613 Country: HILLSBOROUGH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1785265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jerry J. Vazquez 2214 East Henry Avenue Tampa, Florida 33610	Name: SAME Street Address (P.O. Box Number is Not Acceptable): ~~One Crisis Center Plaza~~ City: Tampa, FL Zip Code: 33613

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: Jerry J. Vazquez, Registered Agent 2/6/00

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUTT, JEFFREY DREW ESQUIRE 201 East Kennedy Boulevard, STE 1000 Tampa, Florida 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003138467--3 -02/17/00--01048--001 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINS, LAURENCE, MSGR. 5223 NORTH HIMES AVENUE TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERRY, ANITA R. 3301 N. PERRY STREET TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, DENNIS M. 4010 BOY SCOUT BOULEVARD Tampa, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X ☐ Change ☐ Addition D Ross, Dennis M. 13799 78th Avenue North Seminole, fl 33776
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, LINDA A. 702 North Franklin St. Plaza 7 Tampa, Florida 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Copper, Jeffrey T. 4830 West Kennedy Boulevard, Ste 655 Tampa, Florida 33605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change XX Addition CD HOWELL, GARY, ASA, EA 3030 North Rocky Point Drive West STE 410 TAMPA, FL 33607

CR2E037 (9/99)

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: Gary Howell Gary Howell, Chairman 2/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #