

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742184

1. Entity Name

RIGHT TO LIFE OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

PO BOX 10391
TAMPA FL 33679

Mailing Address

PO BOX 10391
TAMPA FL 33679-0391

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

59-2650232

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

HEY, HUBERT C
1610 E IDA STREET
TAMPA FL 33610

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 \$61.25

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 D
NAME TURNER, CRIS
STREET ADDRESS 1613 COTTAGEWOOD DR
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE D
NAME ELIZABETH ANDERSON
STREET ADDRESS 23335 CLUB VILLAS DR
CITY-ST-ZIP LAND-O-LAKES, FL 34639 ☐ Change ☒ Addition

TITLE PSD
NAME ECKART, JAMES MD
STREET ADDRESS 10017 HAMPTON PL
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE D
NAME JOHN MANGIN
STREET ADDRESS 3109 AZEELE
CITY-ST-ZIP TAMPA, FL 33634 ☐ Change ☒ Addition

TITLE D
NAME YANEY, MARY ANN
STREET ADDRESS 2909 E 148TH AVE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE D
NAME JOSEF KIE SIOE TAN, PhD
STREET ADDRESS 3208 ROWAN LANE
CITY-ST-ZIP TAMPA, FL 33618-3015 ☐ Change ☒ Addition

TITLE VD
NAME CARTAYA, DAVID
STREET ADDRESS 7513 SUMMERBRIDGE DRIVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME WILLIAM S. REED, MD
STREET ADDRESS 4300 N. RIVERSIDE DR
CITY-ST-ZIP TAMPA, FL 33603 ☐ Change ☒ Addition

TITLE TD
NAME HEY, HUBERT
STREET ADDRESS 1610 E IDA ST
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME JOE BAKER
STREET ADDRESS 2520 W. KENMORE AVE
CITY-ST-ZIP TAMPA, FL 33614 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 my address, with all other life empowered.

SIGNATURE:

HUBERT C HEY

Feb 1, 2000 (813) 237-5315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #