## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2000 8:00 am Secretary of State

## DOCUMENT # **747377** 1. Entity Name HILLSBOROUGH COUNTY SHERIFF'S SERTOMA. INC. 03-22-2000 90073 034 \*\*\*\*61.25 Mailing Address Principal Place of Business 1319 BOGIE DR 2008 E. 8TH AVENUE TAMPA FL 33612-7323 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. - - { ... Applied For 4. FEI Number City & State City & State 59-2593463 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEGGETT, JR, JERRY W 10306 BIG BEND RD **LOT 139** Zip Code City FL RIVERVIEW FL 33569 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 (NOTE: Registered Agent signature required w and the state of the 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition ☐ Delete TITI F TITLE NAME NAME LEGGETT, JERRY STREET ADDRESS STREET ADDRESS 2008 E 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** ☐ Addition TITLE Change Change ☐ Delete TITLE NAME PARKER, MARIA STREET ADDRESS STREET ADDRESS 2008 E 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 ☐ Change Addition ☐ Delete TITLE TITLE NAME WIEHLE, GEORGE NAME STREET ADDRESS STREET ADDRESS 1319 BOGIE DR CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33612

0.8 st/128 30 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** Addition ☐ Change ☐ Delete TITLE THOMPSON, JANE NAME NAME STREET ADDRESS STREET ADDRESS 2008 E 8TH AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** 

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

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 empower

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

D

LEGGETT, ANGELA

RIVERVIEW FL 33569

OSTERBROCK, DEBRA

2008 E. 8TH AVENUE

10306 BIG BEND RD #139

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition