

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757380

1. Entity Name

PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH CO

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90169 030 ****70.00

Principal Place of Business

Mailing Address

1708 E. COLUMBUS DRIVE
TAMPA FL 33605
US

1708 E. COLUMBUS DRIVE
TAMPA FL 33605-3448
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2153378

Applied For

Not Applied For

Zip

Country

Zip

Country

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: Willie B. Johnson

Street Address (P.O. Box Number is Not Acceptable)
1708 E. Columbus Dr

City: Tampa

FL

Zip Code
33605

~~FOSTER, ROOSEVELT~~
~~1708 E. COLUMBUS DRIVE~~
~~TAMPA FL 33605~~

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

Willie B. Johnson

Willie B. Johnson

2/7/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, ROOSEVELT	
STREET ADDRESS	4456 TARPON DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUGABOOK, EARL	
STREET ADDRESS	1407 SHELL FLOWER DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATKINS, BARBARA	
STREET ADDRESS	11416 PRUITT ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALMATINE C	
STREET ADDRESS	P.O. BOX 11763	
CITY-ST-ZIP	TAMPA FL 33680	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTEN, JOHNNY	
STREET ADDRESS	1213 LADY GUINEVERE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, ANNIE E.	
STREET ADDRESS	11416 PRUITT RD.	
CITY-ST-ZIP	SEFFNER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie B. Johnson	
STREET ADDRESS	1107 Lakemont Drive	
CITY-ST-ZIP	Valrico, Fla 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foster, Roosevelt	
STREET ADDRESS	4456 Tarpon Dr	
CITY-ST-ZIP	Tampa, Fla 33617	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derek Williams	
STREET ADDRESS	3648 Copper Tree Circle	
CITY-ST-ZIP	Brandon, Fla 33511	

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:

Willie B. Johnson

Willie B. Johnson

(813)

681-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #