

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90400 034 \*\*\*\*70.00

**DOCUMENT # 757380**

1. Entity Name

**PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH CO**

Principal Place of Business

1708 E. COLUMBUS DRIVE  
TAMPA FL 33605  
US

Mailing Address

1708 E. COLUMBUS DRIVE  
TAMPA FL 33605  
US

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

**59-2153378**

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

**JOHNSON, WILLIE B**  
**1708 E. COLUMBUS DRIVE**  
**TAMPA FL 33605**

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	P	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE B	
STREET ADDRESS	1107 LAKEMONT DR	
CITY-ST-ZIP	VALRICO FL 33594	
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 checked="" 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 checked="" type="checkbox"/> Delete
NAME	SUTTON, ANNIE E.	
STREET ADDRESS	11416 PRUITT RD.	
CITY-ST-ZIP	SEFFNER FL	

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DEREK	
STREET ADDRESS	3648 COPPER TREE CIR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, ROOSEVELT	
STREET ADDRESS	4456 TARPON DR.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHANIEL WALKER	
STREET ADDRESS	1812 BOND ST.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES L. BOX SR.	
STREET ADDRESS	510 S. KNIGHT	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara A. Atkins	
STREET ADDRESS	11416 Pruet Rd	
CITY-ST-ZIP	Seffner, Fla 33584	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle McGee	
STREET ADDRESS	3902 Sante Tee Way	
CITY-ST-ZIP	Valrico, Fla 33594	

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 life empowered.

SIGNATURE: *Willie B. Johnson* **WILLIE B. JOHNSON** 01/29/01, 681-2131 (813)

CR2E037 (10/00)