

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-29-2003 90153 024 ****61.25

DOCUMENT # 757380

1. Entity Name
**PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH CO
UNTY, INC.**



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

**HAUGABOOK, EARL
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **HAUGABOOK, EARL (President)**
STREET ADDRESS **1407 SHELL FLOWER DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **T** ☐ Delete
NAME **WALLACE, GEORGE (Treasurer)**
STREET ADDRESS **1777 LAKEVIEW VILLAGE DRIVE**
CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE **S** ☐ Delete
NAME **ATKINS, BARBARA (Secretary)**
STREET ADDRESS **11416 PRUITT ROAD**
CITY-ST-ZIP **SEFFNER FL**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, ALMATINE C (Director)**
STREET ADDRESS **P.O. BOX 11763**
CITY-ST-ZIP **TAMPA FL 33680**

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

TITLE **D** ☐ Delete
NAME **FOSTER, ROOSEVELT (Director)**
STREET ADDRESS **4456 TARPON DRIVE**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE **D** ☒ Delete
NAME **ARMSTRONG, CLAY**
STREET ADDRESS **3010 NORFOLK STREET**
CITY-ST-ZIP **TAMPA FL 33610**

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

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:

President

Earl Haugabook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Levi Carter
8509 Ridin Rd (Director)
Tampa, FL 33619
JAN 20 2003 (813) 228-4364
Daytime Phone #

CR2E037 (10/02)