

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767935

1. Entity Name

HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90125 049 ****61.25

Principal Place of Business

2803 W ST ISABEL STREET
TAMPA FL 33607
US

Mailing Address

2803 W ST ISABEL STREET
TAMPA FL 33607-6343
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

59-2283264

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

HAHN, WILLIAM E.
201 E. KENNEDY BLVD, SUITE 1000
TAMPA FL 33602

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 PD ☐ Delete
NAME EMMANUEL, PATRICIA
STREET ADDRESS 12901 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33612

TITLE CD ☒ Change ☐ Addition
NAME Emmanuel, Patricia
STREET ADDRESS 12901 Bruce B. Downs Blvd
CITY-ST-ZIP Tampa, FL 33612

TITLE SD ☐ Delete
NAME BLANCO, PATRICIA
STREET ADDRESS 13705 NORTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33618

TITLE VPD ☒ Change ☐ Addition
NAME Blanco, Patricia
STREET ADDRESS 3675 West Waters
CITY-ST-ZIP Tampa, FL 33614

TITLE TD ☐ Delete
NAME KULEK-LUZEY, KARALEE
STREET ADDRESS 3222 AZEELE
CITY-ST-ZIP TAMPA FL 33609

TITLE SD ☒ Change ☐ Addition
NAME Kulek-Luzey, Karalee
STREET ADDRESS 3222 Azeele
CITY-ST-ZIP Tampa, FL 33609

TITLE VPD ☐ Delete
NAME ABRUNZO, THOMAS
STREET ADDRESS 3001 W. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE PD ☒ Change ☐ Addition
NAME Abrunzo, Thomas
STREET ADDRESS 2706 Fountain Blvd
CITY-ST-ZIP Tampa, FL 33609

TITLE CD ☒ Delete
NAME WILLIAMS, EDWARD T.
STREET ADDRESS 3500 EAST FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33613

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Lilly, Carol
STREET ADDRESS 17 DAVIS BLVD. #308
CITY-ST-ZIP TAMPA, FL 33606

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. Thomas Abrunzo, M.D.
President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00 (813)

CR2E037 (9/99)