

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769967

1. Entity Name

TAMPA/HILLSBOROUGH COUNTY YOUTH COUNCIL, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90138 028 \*\*\*\*61.25

Principal Place of Business

712 W. ROSS AVE.  
TAMPA FL 33602

Mailing Address

712 W. ROSS AVE.  
TAMPA FL 33602-1844

2. Principal Place of Business

102 E. 7th Avenue

3. Mailing Address

102 E. 7th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2387402

☒ Applied For  
☐ Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, MYRON  
712 W. ROSS AVE.  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Bradley, Shelisia  
Street Address (P.O. Box Number is Not Acceptable)  
102 E. 7th Avenue  
City Tampa FL Zip Code 33602

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 Shelisia Bradley January 12, 2000  
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	WILSON, SANDRA H.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2001 N 14TH STREET	
CITY-ST-ZIP		TAMPA FL	
TITLE	V	SHIMBERG, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS		400 N ASHLEY DR.	
CITY-ST-ZIP		TAMPA FL	
TITLE	T	SELMAN, LEE ROY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		111 E MADISON ST.	
CITY-ST-ZIP		TAMPA FL	
TITLE	D	FREEDMAN, SANDY W.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		306 EAST JACKSON ST.	
CITY-ST-ZIP		TAMPA FL	
TITLE	D	JACKSON, MYRON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		712 W ROSS AVE	
CITY-ST-ZIP		TAMPA FL	
TITLE	D	TILLERY, HOMER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		% 712 W ROSS, POB 320265	
CITY-ST-ZIP		TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Gonzalez, Margarita	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		306 E. Jackson Street	
CITY-ST-ZIP		Tampa, Florida 33602	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	Smith, Byron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		100 2nd Avenue South, Suite 600	
CITY-ST-ZIP		ST. Petersburg, Florida 33701	
TITLE	D	Bradley, Shelisia	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		102 E. 7th Avenue	
CITY-ST-ZIP		Tampa, FL 33602	
TITLE	D	Bowden, Bobby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		306 E. Jackson Street	
CITY-ST-ZIP		Tampa, FL 33602	
TITLE	D	Harrison, Shawn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		315 E. Kennedy Blvd.	
CITY-ST-ZIP		Tampa, FL 33602	

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: Shelisia Bradley 1/12/00 (813) 274-5871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)