2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State
05-11-2001 90101 012 ****61.25

DOCUMENT # N00000003628

1. Entity Name

HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
C/O JEAN AMUSO, SCHOOL OF SOCIAL WORK UNIV. OF S. FL. MGY 132, 4202 E FOWLER AV TAMPA FL 33620	C/O JEAN AMUSO, SCHOOL OF SOCIAL WORK UNIV. OF S. FL. MGY 132, 4202 E FOWLER AV TAMPA FL 33620

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o James J. Joyce Hm Rec Pgm	c/o James J. Joyce HM REC PGM
Suite, Apt. #, etc.: 2410 N. Tampa Street	Suite, Apt. #, etc.: 2410 N. Tampa Street
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country:	Zip: 33602 Country:

4. FEI Number: 59-3651378 ☑ 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
AMUSO, JEAN UNIVERSITY OF SOUTH FLORIDA, MGY 132 4202 E FOWLER AVE TAMPA FL 33620	Name: JOYCE, JAMES J. HOMELESS RECOVERY PROGRAM Street Address (P.O. Box Number is Not Acceptable): 2410 N TAMPA STREET 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: JAMES J. Joyce
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMUSO, JEAN UNIV OF S FL, MGY 132 4202 E FOWLER AVE TAMPA FL 33620	☒ Delete	PD JOYCE, JAMES J. 2410 N. TAMPA STREET TAMPA FL 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOYCE, JAMES 2410 N TAMPA ST TAMPA FL 33602	☒ Delete	VD PIETSCH, JOEL 1201 ORIENT ROAD TAMPA, FL 33619	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOSS, KARLEEN 2002 N FLORIDA AVE TAMPA FL 33602	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OBERHAUS, LINDA THE SPRING, P.O. BOX 280476 TAMPA FL 33682	☒ Delete	SD FERGUSON, LEANN P.O. BOX 82949 TAMPA, FL 33682-2949	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERB, EDI 5707 N 22ND ST TAMPA FL 33610	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULK, LINDA 1603 N FLORIDA AVE TAMPA FL 33601	☒ Delete	D RUPPAL, MICHAEL THAP, 1500 E HUMPHREY TAMPA FL 33604	☐ Change ☐ Addition

CR2E037 (10/00)

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: JAMES J. JOYCE JR. 4-27-01. 813-276-2776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #