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

FILED
Jun 02, 2003 8:00 am
Secretary of State
06-02-2003 90201 044 ****70.00

DOCUMENT # N00000003628

1. Entity Name

N00000003628 Homeless Coalition of Hillsborough County, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5707 North 22nd. Street	P. O. Box 360181
Suite, Apt. #, etc.: c/o Mental Health Care, Inc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, FL
Zip: 33610 / Country: Hillsborough	Zip: 33673-0181 / Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 593651378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: James J. Joyce

Street Address (P.O. Box Number is Not Acceptable): 2410 N. Tampa St.

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Pietsch, Joel 1201 Orient Road, Tampa, FL 33619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Joyce, James 2410 N. Tampa St., Tampa FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Darby, John 1603 N. Florida Ave., Tampa, FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Erb, Edi 5707 N. 22nd St., Tampa, FL 33610
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Long, Christine 2010 N. Florida Ave., Tampa, FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bottoms, Charles 1229 E. 131st Ave., Tampa, FL 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James J. Joyce James J. Joyce, President 05/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

80123806
N00000003628

attachment

10. (Cont'd.)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clark, Warren 12207 Brightwater Blvd. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past PD Jean Amuso 4202 East Fowler Ave. Tampa FL 33620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McIntyre, Richard 101 E. Kennedy Ave., Ste. 2700 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Topping, Ann 1603 N. Florida Ave. Tampa, FL 33602