

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90123 035 \*\*\*\*61.25

**DOCUMENT # N00000004579**

1. Entity Name

**RECYCLING TASK FORCE OF HILLSBOROUGH COUNTY, INC**

Principal Place of Business

**601 E KENNEDY BLVD. 24TH FLOOR  
TAMPA FL 33601**

Mailing Address

**601 E KENNEDY BLVD. 24TH FLOOR  
TAMPA FL 33601**

**00052566**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFL Number

**59-3660899**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD, STE 309  
TAMPA FL 33629**

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 **D** ☐ Delete  
NAME **MURPHY, MICHAEL**  
STREET ADDRESS **601 E KENNEDY BLVD, 24TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33601**

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

TITLE **D** ☒ Delete  
NAME **CAZARES, ANNE**  
STREET ADDRESS **2203 N LOIS, STE 1180**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **D/S/T Karen E. Perucki**  
STREET ADDRESS **4606 Ridgedcliff Drive**  
CITY-ST-ZIP **Brandon FL 33511**

TITLE **D** ☐ Delete  
NAME **HEINEKEN, BARBARA**  
STREET ADDRESS **4010 W SPRUCE ST**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition  
NAME **D/P Barbara HEINEKEN**  
STREET ADDRESS **4010 W Spruce St**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☒ Delete  
NAME **BENKERT, CINDY**  
STREET ADDRESS **140 7TH AVE, S**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Change ☒ Addition  
NAME **D Matt Powers**  
STREET ADDRESS **702 N. Franklin St**  
CITY-ST-ZIP **TAMPA FL 33601-0111**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D/V Tom Shoemaker**  
STREET ADDRESS **6210 N. 53rd St**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D CANDY Olson**  
STREET ADDRESS **901 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: Michael Murphy **Michael Murphy** 4/26/01 813-276-2931

CR2E037 (10/00)