

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90004 040 ****61.25

DOCUMENT # N00000007927

1. Entity Name
HHS 1981 ALUMNI, INC.

Principal Place of Business
**10706 LAKE CARROLL WAY
 TAMPA FL 33618-4236**

Mailing Address
**10706 LAKE CARROLL WAY
 TAMPA FL 33618-4236**

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

59-3684368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TESTON, JOE M
 10706 LAKE CARROLL WAY
 TAMPA FL 33618-4236**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **ARENA, ELLEN**
 STREET ADDRESS **2780 N. RIVERSIDE DR., #505**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete
 NAME **BARCENA, RICHARD**
 STREET ADDRESS **4216 LAKEWOOD DR.**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **D** ☐ Delete
 NAME **BETZ, LOIS**
 STREET ADDRESS **P.O. BOX 274108**
 CITY-ST-ZIP **TAMPA FL 33688-4108**

TITLE **D** ☐ Delete
 NAME **CACCIATORE, GARY**
 STREET ADDRESS **3810 LOCH GLEN CT.**
 CITY-ST-ZIP **HOUSTON TX 77059**

TITLE **D** ☐ Delete
 NAME **CASTELLANA, MARCELINO**
 STREET ADDRESS **3916 N. RIDGE AVE.**
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE **D** ☐ Delete
 NAME **TESTON, JOE M**
 STREET ADDRESS **10706 LAKE CARROLL WAY**
 CITY-ST-ZIP **TAMPA FL 33618**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

6/11/01

1813/932-4530

CR2E037 (10/00)