

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002047

1. Entity Name

H.A.L.O. FOUNDATION, INC.

Principal Place of Business

4918 W LINEBAUGH AVE
TAMPA FL 33624

Mailing Address

4918 W LINEBAUGH AVE
TAMPA FL 33624

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

☒ 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

O'BANION, ROSS H JR
4918 W LINEBAUGH AVE
TAMPA FL 33624

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

Ross H. O'Banion Jr Executive Director 4/3/02

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 ALBANO, BEATRICE
STREET ADDRESS 3922 SAN PEDRO ST
CITY-ST-ZIP TAMPA FL 33602

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

TITLE D ☐ Delete
NAME BLAIR, ROBERT P
STREET ADDRESS 1924 TAYLOR LANE
CITY-ST-ZIP TAMPA FL 33618

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

TITLE D ☐ Delete
NAME MILAK, WILLIAM P
STREET ADDRESS 7409 S MASCOTTE ST
CITY-ST-ZIP TAMPA FL 33616

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

TITLE D ☐ Delete
NAME SMITH, TREVOR
STREET ADDRESS 4234 FAIRWAY CIR
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete
NAME TAUM, MILLARD
STREET ADDRESS 3002 W PATTERSON
CITY-ST-ZIP TAMPA FL 33614

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Tatum, Millard
CITY-ST-ZIP 3002 W Patterson Ave
Tampa FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Millard R. Tatum

Millard R. Tatum Director

4/5/02 (813) 961-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

0041006

CR2E037 (9/01)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90158 010 *****70.00

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