2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90112 032 ****70.00

DOCUMENT # N21506

1. Entity Name
HILLSBOROUGH ROUGH RIDERS, INC.

Principal Place of Business	Mailing Address
11510 WHISPER LAKE. TRAIL TAMPA FL 33626 US	11510 WHISPER LAKE. TRAIL TAMPA FL 33626 US

X CHECK HERE IF MAKING CHANGES

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 59-2848496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKAS, JOHN W., JR.
201 E KENNEDY BLVD
STE 400
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name BAKAS, JOHN W, JR.
Street Address (P.O. Box Number is Not Acceptable) 11510 WHISPER LAKE TRAIL
City TAMPA FL Zip Code 33626

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 JOHN W. BAKAS, JR. 1/9/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENSON, KIRK 3332 WALLCRAFT AVE TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HARRE-ORR, BETH 711 W INDIANA AVE TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PETERS, ZOHARAH ~~8721 IMPERIAL CT~~ 16502 Northdale Oaks Dr ~~TAMPA FL 33635~~ Tampa FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X Change ☐ Addition ~~16502 Northdale Oaks Drive~~ Tampa FL 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/30/03 (813)264-3890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR