

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90048 041 ****61.25

DOCUMENT # N22429

1. Entity Name

HILLSBOROUGH COUNTY ELEMENTARY MATH COUNCIL, INC

Principal Place of Business

Mailing Address

W. A. LOWRY
601 VALLE VISTA DR
BRANDON FL 33511-7829
US

W. A. LOWRY
601 VALLE VISTA DR
BRANDON FL 33511-7829
US

00013260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

See above

3. Mailing Address

See above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2810327

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

BALDWIN, BETTY J
7521 HEATHER ST
NEW PORT RICHEY FL 34653

Name

Judith A. Fell

Street Address (P.O. Box Number is Not Acceptable)

3744 Cypress Meadows Rd.

City

Tampa.

FL

Zip Code

33624

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

Judith A. Fell

Signature, typed or printed name of registered agent and title if applicable.

Judith A. Fell

(NOTE: Registered Agent signature required when reinstating)

1-24-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, BETTY J	
STREET ADDRESS	7521 HEATHER ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 31653	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RELL, JUDITH A	
STREET ADDRESS	3749 CYPRESS MEADOWS RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACK KELLER	
STREET ADDRESS	6210 EAGLEWOOD AVE.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOWRY, W.A.	
STREET ADDRESS	601 VALLE VISTA DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARY, GARCED	
STREET ADDRESS	10602 OUT ISLAND DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL SORIANO	
STREET ADDRESS	1722 MILL RUN CIR.	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	Fell, Judith A.	
STREET ADDRESS	3744, Cypress Meadows Rd.	
CITY-ST-ZIP	Tampa FL 33624	
TITLE	VD Kusler, Sue	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	7420 Bay Dr	
STREET ADDRESS	Tampa FL, 33635	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Lowry, W.E.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Garced, Mary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (W.E. Lowry)

1/20/2000

(813) 685-313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #