

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90012 003 ****61.25

0056477

DOCUMENT # N22429

1. Entity Name

HILLSBOROUGH COUNTY ELEMENTARY MATH COUNCIL INC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

~~Janet White~~

~~Janet White~~

Suite, Apt. #, etc.
 1311 Bogie Dr.

Suite, Apt. #, etc.
 1311 Bogie Dr.

City & State
 Tampa, FL

City & State
 Tampa, FL

Zip
 33612

Country
 United States

Zip
 33612

Country
 United States

6. Name and Address of Current Registered Agent

FELL, JUDITH A
 3744 CYPRESS MEADOWS RD
 TAMPA FL 33624

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name
 Lia Crawford
 Street Address (P.O. Box Number is Not Acceptable)
 6201 Central Ave
 City
 Tampa FL Zip Code
 33604

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 *M. A. Crawford*
 Signature, typed or printed name of registered agent and agent 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	VD	<input checked="" type="checkbox"/> Delete
NAME	KUSLER, SUE	
STREET ADDRESS	7420 BAY DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PELL, JUDITH A	
STREET ADDRESS	3744 CYPRESS MEADOWS RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACK KELLER	
STREET ADDRESS	6210 EAGLEWOOD AVE.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOWRY, W E	
STREET ADDRESS	601 VALLE VISTA DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARCED, MARY	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lia Crawford	
STREET ADDRESS	18121 Royal Forest Dr.	
CITY-ST-ZIP	33647-3188	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Knox	
STREET ADDRESS	5208 W. Downing St.	
CITY-ST-ZIP	Dover, FL 33527	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mark Dunn	
STREET ADDRESS	1520 Lakeview Ave.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet K	
STREET ADDRESS	1311 Bogie Dr.	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Janet K. White

4/21/01 (813) 987-0500

CR2E037 (10/00)