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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-02-2001 90259 008 ****61.25

DOCUMENT # N28178

1. Entity Name

CRIME STOPPERS OF WEST CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O Lisa Haber
 2008 E 8TH AVENUE
 TAMPA FL 33605

C/O Lisa Haber
 P O BOX 5766
 TAMPA FL 33675

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

59-2908445

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

CARTER, DEBBIE P
 2013 SINCLAIR HILLS RD
 LUTZ FL 33549

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
 NAME CARTER, DEBBIE
 STREET ADDRESS 2013 SINCLAIR HILLS RD
 CITY-ST-ZIP LUTZ FL

TITLE Director ☐ Change ☒ Addition
 NAME Delores Morrill
 STREET ADDRESS 602 Morrill Court
 CITY-ST-ZIP Valrico, FL 33594

TITLE DVP ☐ Delete
 NAME TITA, GREG
 STREET ADDRESS 10750 ULMERTON ROAD
 CITY-ST-ZIP LARGO FL

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

TITLE S ☐ Delete
 NAME WILSON, CINDY
 STREET ADDRESS FIFTH FLOOR COURTHOUSE ANNEX
 CITY-ST-ZIP TAMPA FL 33602

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

TITLE D ☐ Delete
 NAME BUNCE, KEITH
 STREET ADDRESS 3010 WEST-CASS STREET
 CITY-ST-ZIP TAMPA FL 33609

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

TITLE T ☐ Delete
 NAME HEDGES, JOHNNY
 STREET ADDRESS 4109 GANDY BLVD
 CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ Delete
 NAME ESPINOSA, JACK
 STREET ADDRESS 2103 FARWELL
 CITY-ST-ZIP TAMPA FL 33605

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)