## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## **FILED DOCUMENT # N31344** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** HILLSBOROUGH COUNTY LAW LIBRARY FOUNDATION, INC. 03-01-2000 90004 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 725 E. KENNEDY BLVD. 725 E. KENNEDY BLVD. TAMPA FL 33602-5030 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2936250 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WISE, NORMA J 725 E. KENNEDY BLVD **TAMPA FL 33602** City Zip Code FL 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 DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE TITLE WISE, NORMA J NAME NAME STREET ADDRESS STREET ADDRESS 725 E. KENNEDY BLVD. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition Delete TITLE TITLE NAME THEODORE, GUILENE NAME STREET ADDRESS STREET ADDRESS 601 E. KENNEDY BLVD. (27TH FLOOR) CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition TITLE TITLE n ☐ Delete GRAZIANO, DOMINICK NAME NAME STREET ADDRESS STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 1125 CITY-ST-7IP CITY-ST-ZIP tampa fl Change ☐ Addition TITLE D ☐ Delete TITLE FICARROTTA, GASPER J NAME NAME STREET ADDRESS STREET ADDRESS 419 PIERCE ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition TITLE ☐ Delete TITLE GREIWE, THOMAS H. NAME STREET ADDRESS STREET ADDRESS 220 E. MADISON ST., SUITE 1110 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL CD ☐ Delete Change ☐ Addition KELLAHER, SANDRA M NAME NAME STREET ADDRESS STREET ADDRESS 2130 W. BRANDON BLVD., SUITE 204 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** 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

J. WISE