

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31344

1. Entity Name

HILLSBOROUGH COUNTY LAW LIBRARY FOUNDATION, INC.

Principal Place of Business

501 E KENNEDY BLVD STE 100
TAMPA FL 33602

Mailing Address

501 E KENNEDY BLVD STE 100
TAMPA FL 33602

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

59-2936250

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

WISE, NORMA J
501 E KENNEDY BLVD STE 100
TAMPA FL 33602

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	SD	<input type="checkbox"/> Delete
NAME	WISE, NORMA J	
STREET ADDRESS	501 E KENNEDY BLVD STE 100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	THEODORE, GUILENE	
STREET ADDRESS	601 E. KENNEDY BLVD. (27TH FLOOR)	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAZIANO, DOMINICK	
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1125	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FICARROTTA, GASPER J	
STREET ADDRESS	419 PIERCE ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREIWE, THOMAS H.	
STREET ADDRESS	220 E. MADISON ST., SUITE 1110	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KELLAHER, SANDRA M	
STREET ADDRESS	2130 W. BRANDON BLVD., SUITE 204	
CITY-ST-ZIP	BRANDON FL	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Norma J. Wise REQUIRED

1/17/02

(813) 272-5818

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90177 042 ****61.25

218509



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)