

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90384 043 ****61.25

DOCUMENT # N36626

1. Entity Name

THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

Mailing Address

2704 N. HIGHLAND AVE
 TAMPA, FL 33602
 US

2704 N HIGHLAND AVE
 TAMPA FL 33602
 US

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

59-2998189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARINO, PAUL J., ESQ.
ORANGE PARK CENTER, 696 1ST AVENUE
SUITE 304
ST PETERSBURG FL 33701

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 Delete
 NAME **PD RODRIGUEZ, MARY A**
 STREET ADDRESS **17734 NATHAN'S CT**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD ZENDEGUI, SHEILA**
 STREET ADDRESS **2901 POINTER PL**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BUETENS, MARIANNE**
 STREET ADDRESS **9416 ALANBROOKE ST**
 CITY-ST-ZIP **TAMPA FL 33637-4959**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D REED, CAROL**
 STREET ADDRESS **3418 CADE LANE**
 CITY-ST-ZIP **TAMPA FL 33584**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S/D JONES, MARIAN**
 STREET ADDRESS **1920 GALLAGHER RD**
 CITY-ST-ZIP **DOVER FL 33527-5930**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Marianne Buetens MARIANNE BUETENS 4/11/02 813-980-3644

CR2E037 (9/01)