

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


04-21-2003 91071 007 \*\*\*\*61.25  
N36626

**FILED**

03 AUG 27 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N36626**  
1. Entity Name  
**THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUN  
TY, INC.**



Principal Place of Business  
**2704 N. HIGHLAND AVE  
TAMPA FL 33602  
US**

Mailing Address  
**2704 N HIGHLAND AVE  
TAMPA FL 33602  
US**

2. Principal Place of Business  
**4210 W. BAY VILLA AVE.**

3. Mailing Address  
**4210 W. BAY VILLA AVE**

Suite, Apt. #, etc.

City & State  
**TAMPA, FLORIDA**

City & State  
**TAMPA, FLORIDA**

Zip  
**33611**

Country  
**USA**

Zip  
**33611**

Country  
**USA**

4. FEI Number **59-2998189**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES **03**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RODRIGUEZ, MARY A 17734 NATHAN'S CT TAMPA FL 33647</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZENDEGUI, SHEILA 2901 POINTER PL SEFFNER FL 33584</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BUETENS, MARIANNE 9416 ALANBROOKE ST TAMPA FL 33637-4959</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REED, CAROL 3418 CADE LANE TAMPA FL 33584</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D JONES, MARIAN 1920 GALLAGHER RD DOVER FL 33527-5930</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARIA NEGRON 10630 N. 56 ST. #205 TAMPA, FL 33617</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JOYCE STRICKLAND 11102 DESOTO RD, TAMPA, FL 33569</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S- SHABEL HASTINGS 4210 W. BAYVILLA AVE. TAMPA, FL 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **SIGNATURE REQUIRED** **2-13-02 980-1299**

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (10/02)