

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36635

1. Entity Name

HIGHLAND PINES COMMUNITY TASK FORCE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90047 016 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 79126
TAMPA FL 33619-0126

P.O. BOX 79126
TAMPA FL 33619-0126

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

59-2967450

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

JERALDS, JOHN
3004 DODGE ST
TAMPA FL 33605

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 | MD | <input type="checkbox"/> Delete |
| NAME | BELL, BETTY | |
| STREET ADDRESS | 3003 N STAR ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SEAY, NADINE | |
| STREET ADDRESS | 3008 N 46TH ST | |
| CITY-ST-ZIP | TAMPA FL 33605 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COCHRAN, RECY | |
| STREET ADDRESS | 3006 N 46TH ST. | |
| CITY-ST-ZIP | TAMPA FL 33605 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAMES, VERSEY | |
| STREET ADDRESS | 3016 N 43RD ST | |
| CITY-ST-ZIP | TAMPA FL 33605 | |
| TITLE | PMD | <input type="checkbox"/> Delete |
| NAME | JERALD, JOHN | |
| STREET ADDRESS | 3004 DODGE ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ERSHERY, ARCHIE | |
| STREET ADDRESS | 4402 22ND AVE | |
| CITY-ST-ZIP | TAMPA FL 33605 | |

| | |
|----------------|---|
| 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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| 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:

John Jerald 1-21-2000 623 2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)