

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36635

1. Entity Name

HIGHLAND PINES COMMUNITY TASK FORCE, INC.

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
NAME BELL, BETTY
STREET ADDRESS 3003 N STAR ST
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME SEAY, NADINE
STREET ADDRESS 3008 N 46TH ST
CITY-ST-ZIP TAMPA FL 33605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COCHRAN, RECY
STREET ADDRESS 3006 N 46TH ST
CITY-ST-ZIP TAMPA FL 33605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JAMES, VERSEY
STREET ADDRESS 3016 N 43RD ST
CITY-ST-ZIP TAMPA FL 33605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PMD
NAME JERALD, JOHN
STREET ADDRESS 3004 DODGE ST
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME ERSHERY, ARCHIE
STREET ADDRESS 4402 22ND AVE
CITY-ST-ZIP TAMPA FL 33605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Betty S. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02 (813) 623-2270

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE