

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50145

1. Entity Name

HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90015 002 ****61.25

Principal Place of Business

101 E KENNEDY
SUITE 2110
TAMPA FL 33602
US

Mailing Address

101 E KENNEDY
SUITE 2110
TAMPA FL 33602-5148
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

59-3136863

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

PRUITT, CONNIE R. ESQ.
101 E KENNEDY BLVD
SUITE 2110
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 P ☒ Delete
NAME ELLIGETT, R T JR
STREET ADDRESS 401 E JACKSON SUITE 2600
CITY-ST-ZIP TAMPA FL

TITLE PRESIDENT ☐ Change ☒ Addition
NAME JOHN F RUDY II
STREET ADDRESS 220 S FRANKLIN ST
CITY-ST-ZIP TAMPA FL 33609

TITLE VP ☒ Delete
NAME MATHEWS, MARGARET D
STREET ADDRESS POST OFFICE BOX 3273 N/A
CITY-ST-ZIP TAMPA FL 33601

TITLE TREASURER ☐ Change ☒ Addition
NAME JAMES G WALKER
STREET ADDRESS P O BOX 3433
CITY-ST-ZIP TAMPA FL 33601-3433

TITLE D ☐ Delete
NAME BALES, JOHN C
STREET ADDRESS 201 E FRANKLIN 2300
CITY-ST-ZIP TAMPA FL 33601

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME JENKINS, JORYN
STREET ADDRESS 101 E KENNEDY BLVD STE 2560
CITY-ST-ZIP TAMPA FL 33602

TITLE DIRECTOR ☐ Change ☒ Addition
NAME J MEREDITH WESTER
STREET ADDRESS 1519 N DALE MABRY
CITY-ST-ZIP TAMPA FL 33549

TITLE T ☐ Delete
NAME HONEYWELL, CHARLENE E
STREET ADDRESS 101 E KENNEDY BLVD 3700
CITY-ST-ZIP TAMPA FL 33602

TITLE SECRETARY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☐ Delete
NAME PRUITT, CONNIE R
STREET ADDRESS 101 E. KENNEDY BLVD, STE 2110
CITY-ST-ZIP TAMPA FL 33602

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: *Connie R. Pruitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)