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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-16-2001 90202 022 ****61.25

DOCUMENT # N50145

1. Entity Name

HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL

Principal Place of Business	Mailing Address
101 E KENNEDY SUITE 2110 TAMPA FL 33602 US	101 E KENNDEY SUITE 2110 TAMPA FL 33602 US

[redacted]

DO NOT WRITE IN THIS SPACE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUDY, JOHN F II 220 S FRANKLIN ST TAMPA FL 33609 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALES, JOHN C. 1715 N. WESTSHORE STE 190 TAMPA, FL. 33607 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, JAMES G PO BOX 3433 TAMPA FL 33601-3433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BALES, JOHN C 201 E FRANKLIN 2300 TAMPA FL 33601 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P YOUNG, GWYNNE PO BOX 3239 TAMPA, FL. 33601-3239 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTER, J. MEREDITH 1519 N DALE MABRY LUTZ FL 33549 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HONEYWELL, CHARLENE E 101 E KENNEDY BLVD 3700 TAMPA FL 33602 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOYNER, ARTHENIA PO BOX 172297 TAMPA, FL 33672-0297 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PRUITT, CONNIE R 101 E. KENNEDY BLVD, STE 2110 TAMPA FL 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 Esquire ✓ 4/26/01 ✓ 813 221-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #