

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90090 005 \*\*\*\*61.25

**DOCUMENT # N50228**

1. Entity Name

**KEEP HILLSBOROUGH COUNTY BEAUTIFUL, INC.**

Principal Place of Business

Mailing Address

10014 N. DALE MABRY  
SUITE 101  
TAMPA FL 33618  
US

PO BOX 273248  
TAMPA FL 33688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGH, ROBERT  
6314 SOUTH CLARK  
TAMPA FL 33616

Name **Bob Musser**

Street Address (P.O. Box Number is Not Acceptable)

**5313 Johns Rd. Suite 201**

City **Tampa**

**FL**

Zip Code **336034**

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 **Bob Musser**

**Treasurer**

**2/20/01**

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 ☐ Delete  
NAME **DDP**  
STREET ADDRESS **OLSEN, MICHAEL F**  
CITY-ST-ZIP **16109 DARNELL ROAD  
LUTZ FL 33549**

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

TITLE ☐ Delete  
NAME **DDV**  
STREET ADDRESS **TAMAYO, EDDY**  
CITY-ST-ZIP **128 E. DAVIS BLVD. #4  
TAMPA FL 33606**

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

TITLE ☒ Delete  
NAME **DT**  
STREET ADDRESS **HOUGH, BOB**  
CITY-ST-ZIP **6314 SOUTH CLARK STREET  
TAMPA FL**

TITLE ☒ Change ☐ Addition  
NAME **DT**  
STREET ADDRESS **Musser, Bob**  
CITY-ST-ZIP **5313 Johns Road, Suite 201  
Tampa, FL 336034**

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **WALTERS, MARY ANN**  
CITY-ST-ZIP **918 ALPHINE DRIVE  
BRANDON FL 33510**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Christine P. Cook**

**Christine P. Cook**

**2-16-01**

**813.960.5124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)