

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90454 041 ****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

4. FEI Number

59-3138161

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

MUSSEY, BOB

5318 JOHNS RD #201
TAMPA FL 33634

500 Santa Cruz Place NE
Unit D
St. Petersburg, FL 33703

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

TITLE **DDV** ☒ Delete
 NAME **TAMAYO, EDDY**
 STREET ADDRESS **128 E. DAVIS BLVD. #4**
 CITY-ST-ZIP **TAMPA FL 33608**

TITLE **DT** ☐ Delete
 NAME **MUSSEY, BOB**
 STREET ADDRESS **5318 JOHNS RD, #201**
 CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
 NAME **Sharp, Harold**
 STREET ADDRESS **4080 Genita Drive**
 CITY-ST-ZIP **Palm Harbor, FL 32683**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Brown, Michael**
 STREET ADDRESS **1537 Highcrest Circle**
 CITY-ST-ZIP **Valrico, FL 33594**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Mussey, Bob**
 STREET ADDRESS **500 Santa Cruz Place NE, Unit D**
 CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Mills, Elizabeth**
 STREET ADDRESS **8724 W. Fletcher Ave. #26D**
 CITY-ST-ZIP **Tampa FL 33618**

TITLE ☐ Change ☐ Addition
 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:

Signature of P. Bob Mussey Executive Director 4.30.02 960-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)