

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90137 003 \*\*\*\*61.25

**DOCUMENT # N50228**

1. Entity Name

**KEEP HILLSBOROUGH COUNTY BEAUTIFUL, INC.**



Principal Place of Business

**10014 N. DALE MABRY  
SUITE 101  
TAMPA FL 33618  
US**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUSSER, BOB  
500 SANTA CRUZ PL NE  
UNIT D  
SAINT PETERSBURG FL 33703**

Name

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

**1041 Live Oak Ave. NE**

City **St. Petersburg**

FL

Zip Code **33703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert E. Musser Jr.*, **Robert E. Musser Jr., KHC Board Treasurer**

**5/9/2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHARP, HAROLD	
STREET ADDRESS	4020 JENITA DR	
CITY-ST-ZIP	PALM HARBOR FL 32683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRONM, MICHAEL	
STREET ADDRESS	1537 HIGHCREST CIR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MUSSER, BOB	
STREET ADDRESS	500 SANTA CRUZ PL NE UNIT D	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLS, ELIZABETH	
STREET ADDRESS	2727 W FLETCHER AVE #26D	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Michael	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Musser, Bob	
STREET ADDRESS	1041 Live Oak Ave. NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Christopher E. [Signature]*

**5-1-03**

**813.960.5121**

CR2E037 (10/02)