

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90225 006 *****70.00

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1. Entity Name

HILLSBOROUGH HEAD START COMMUNITY FOUNDATION, IN C.



Principal Place of Business

**4817 N. FLORIDA AVENUE
TAMPA FL 33603**

Mailing Address

**4817 N. FLORIDA AVENUE
TAMPA FL 33603**

2. Principal Place of Business

3639 W Waters Ave

Suite, Apt. #, etc.

Suite 500

City & State

Tampa FL

Zip

33614

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3328377**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLAUSSER, DONNA
4817 N. FLORIDA AVENUE
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name

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

3639 W Waters Ave

Tampa, FL 33614

City

FL

Zip Code

33614

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

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

TITLE **PD** ☒ Delete
NAME **WARREN, JOHN**
STREET ADDRESS **18137 REGENTS SQUARE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VPD** ☒ Delete
NAME **BROWN, LANITA**
STREET ADDRESS **734 CLIMATE DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **SD** ☐ Delete
NAME **DAWSON, ANN**
STREET ADDRESS **822 SOUTH ROME**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **TD** ☐ Delete
NAME **WACKSMAN, BEN**
STREET ADDRESS **1903 S.CARDEN AS AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☐ Addition
NAME **Sandra Fasulo**
STREET ADDRESS **1805 W Morrison Ave**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Andrea White**
STREET ADDRESS **525 Grand Regency Blvd**
CITY-ST-ZIP **Brandon, FL 33510**

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

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

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: **Ann G. Dawson**

17JAN03

(813) 272-5140

CR2E037 (10/02)