

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001559

1. Entity Name

HILLSBOROUGH FAMILY READING COUNCIL INC.

Principal Place of Business

703 N WILLOW AVE
TAMPA FL 33606
US

Mailing Address

703 N WILLOW AVE
TAMPA FL 33606-1146
US

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

59-3307890

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

GRIGGS, LUCY
703 NO. WILLOW STREET
TAMPA FL 33606

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
STD
GRIGGS, LUCY
703 N WILLOW AVE
TAMPA FL 33606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
LAURANCE, TRISH
12500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
Miller, Jesse
909 N. Dale Mabry Hwy
Tampa FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
COHEN, JODI
1505 N NEBRASKA AVE
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Troy Smith
4817 N. Florida Ave
Tampa FL 33603 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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CITY - ST - ZIP
☐ Change ☐ Addition

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: *Lucy Griggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000
Date

813-254-2253
Daytime Phone #

CR2E037 (9/99)