

2001 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
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**GRIGGS, LUCY
703 NO. WILLOW STREET
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete**STD
GRIGGS, LUCY
703 N WILLOW AVE
TAMPA FL 33606**TITLE ☐ Delete**VD
MILLER, JESSE
909 N. DALE MABRY HWY
TAMPA FL 33609**TITLE ☐ Delete**PD
SMITH, TROY
4817 N. FLORIDA AVE.
TAMPA FL 33603**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90299 040 ****61.25

140001



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3307890

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)