

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002524

1. Entity Name

HARC CHALLENGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

220 E MADISON ST
SUITE 1040
TAMPA FL 33602
US

P.O BOX 9537
TAMPA FL 33674-9537
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

59-3357217

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

Name

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

City

FL

Zip Code

LILLISTON, RICHARD
2714 W KIRBY ST
TAMPA FL 33674

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	CT	<input type="checkbox"/> Delete
NAME	HOLCOMB, JOHN	
STREET ADDRESS	101 E. KENNEDY BLVD. #3700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRANNOCK, STEVEN	
STREET ADDRESS	8113 REVELS RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	STT	<input type="checkbox"/> Delete
NAME	PINZEL, BONNIE J	
STREET ADDRESS	6710 N RIVER BLVD	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, GREG	
STREET ADDRESS	220 E MADISON ST., SUITE 1200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAUENHORST, SUSAN	
STREET ADDRESS	3615 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRIST, CHARLIE	
STREET ADDRESS	360 CENTRAL AVE, 31210	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change
NAME	Klinghoffer, Mel	
STREET ADDRESS	3829 Coconut Palm Dr	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	ST	<input type="checkbox"/> Change
NAME	Walters, Ken	
STREET ADDRESS	1304 S. De Soto Ave # 310	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	T	<input checked="" type="checkbox"/> Change
NAME	Pinzel, Bonnie J.	
STREET ADDRESS	4615 N. Park Ave # 409	
CITY-ST-ZIP	Chevy Chase, MD 20815	
TITLE	T	<input type="checkbox"/> Change
NAME	Viviano, Jose	
STREET ADDRESS	12233' N. Florida Ave	
CITY-ST-ZIP	Tampa, FL 33682	
TITLE	TT	<input checked="" type="checkbox"/> Change
NAME	Hughes, Greg	
STREET ADDRESS	220 E Madison St #1200	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90083 047 ****70.00



DO NOT WRITE IN THIS SPACE

1/6/00