

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004738

1. Entity Name

UNIVERSITY OF SOUTH FLORIDA COUNCIL OF HONOR SOC



FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90016 001 ****66.25

Principal Place of Business

Mailing Address

4202 EAST FOWLER AVENUE
CENTER 2449
TAMPA FL 33620

4202 EAST FOWLER AVENUE
CENTER 2449
TAMPA FL 33620-9951

2. Principal Place of Business

3. Mailing Address

USF Marshall Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box # 2449

City & State

Tampa, FL

Zip

Country USA
America

Zip

Country

4. FEI Number

59-3186740

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

TAYLOR, LISA
4202 E FOWLER AVE
CENTER 2449
TAMPA FL 33620-6600

Name Laurie Woodward

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

4202 E. Fowler

CTR 2449

City Tampa

FL

Zip Code 33620

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, TED	
STREET ADDRESS	4202 E. FOWLER AVE, MC 2449	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, TEMIKA	
STREET ADDRESS	4202 E. FOWLER AVE, MC 2449	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PYRONNEAU, NILDA	
STREET ADDRESS	6102 WEBB RD, #1504	
CITY-ST-ZIP	TAMPA FL 33615	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cason, Kelley	
STREET ADDRESS	4202 E. FOWLER AVE, MC 2449	
CITY-ST-ZIP	Tampa, FL 33620	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pyronneau, Nilda	
STREET ADDRESS	4202 E. Fowler Ave, MC 2449	
CITY-ST-ZIP	Tampa, FL 33620	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Tammy	
STREET ADDRESS	4202 E. Fowler Ave, MC 2449	
CITY-ST-ZIP	Tampa, FL 33620	
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		
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/17/00 813-974-5006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)