

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004738

1. Entity Name

UNIVERSITY OF SOUTH FLORIDA COUNCIL OF HONOR SOC

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90068 023 ****61.25

Principal Place of Business

USF MARSHALL CENTER
BOX #2449
TAMPA FL 33620

Mailing Address

4202 EAST FOWLER AVENUE
CENTER 2449
TAMPA FL 33620

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

59-3186740

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

WOODWARD, LAURIE
4202 E FOWLER AVE
CENTER 2449
TAMPA FL 33620-6600

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
PD
CASON, KELLEY
4202 E. FOWLER AVE, MC 2449
TAMPA FL 33620 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PYRONNEAU, NILDA
4202 E. FOWLER AVE, MC 2449
TAMPA FL 33620 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROBERTS, TAMMY
4202 EAST FOWLER AVENUE, C 2449
TAMPA FL 33620 ☐ Delete

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

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☐ 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:

Kelley Cason (Kelley Cason)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2001

(813)
977-3044
Date Daytime Phone #

CR2E037 (10/00)