

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 014 ****61.25

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1. Entity Name

UNIVERSITY OF SOUTH FLORIDA COUNCIL OF HONOR SOCIETIES, INC.

Principal Place of Business

Mailing Address

USF MARSHALL CENTER
 BOX #2449
 TAMPA FL 33620

CTR 4202 EAST FOWLER AVENUE
 CENTER 2449
 TAMPA FL 33620

2. Principal Place of Business

USF Marshall Center

3. Mailing Address

4202 E. Fowler Ave

Suite, Apt. #, etc.

Box #2449 CTR

Suite, Apt. #, etc.

CTR #2449

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33620

Country

USA

Zip

33620

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 ☐ Delete
 NAME CASON, KELLEY
 STREET ADDRESS 4202 E. FOWLER AVE, MC 2449
 CITY-ST-ZIP TAMPA FL 33620

TITLE PD ☒ Change ☐ Addition
 NAME Tammy Roberts
 STREET ADDRESS 4202 E. Fowler Ave, CTR 2449
 CITY-ST-ZIP Tampa, FL 33620

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

TITLE VD ☒ Change ☐ Addition
 NAME Sabra Purifoy
 STREET ADDRESS 4202 E. Fowler Ave, CTR 2449
 CITY-ST-ZIP Tampa, FL 33620

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

TITLE TD ☒ Change ☐ Addition
 NAME Sara Elbehidy
 STREET ADDRESS 4202 E. Fowler Ave, CTR 2449
 CITY-ST-ZIP Tampa, FL 33620

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Tammy Roberts 8/24/02 727-459-1891

CR2E037 (4/02)