

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90170 042 ****61.25

DOCUMENT # N96000005639

1. Entity Name

HILLSBOROUGH RIVER GREENWAYS TASK FORCE, INC.

Principal Place of Business

Mailing Address

**3804 COCONUT PALM DR
 TAMPA FL 33619
 US**

**3804 COCONUT PALM DR
 TAMPA FL 33619
 US**

00040300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3435891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MCGREE, HEIDI B~~

**3804 COCONUT PALM DR
 TAMPA FL 33619**

Name

Laura M. Delise

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

3804 Coconut Palm Dr

City

Tampa

FL

Zip Code

33619

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

Laura M. Delise

Laura M. Delise Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/01

**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 **DP** Delete
 NAME **SUMPTER, DAVID**
 STREET ADDRESS **8511 MOURNING DOVE PL**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CADDICK, TERESA**
 STREET ADDRESS **4016 INMAN AVENUE**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **MARVIN, STU**
 STREET ADDRESS **6309 113TH AVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33657**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **BRACCIANO, DAVE**
 STREET ADDRESS **2535 LANDMARK DR STE 201**
 CITY-ST-ZIP **CLEARWATER FL 34629**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Linda Andrews** Change Addition
 STREET ADDRESS **4750 Dolomite Court # 305**
 CITY-ST-ZIP **St. Petersburg, FL 33711**
D.P.

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

Linda Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

727.867.1780

Daytime Phone #

CR2E037 (10/00)