

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005639

1. Entity Name

HILLSBOROUGH RIVER GREENWAYS TASK FORCE, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

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

Principal Place of Business

Mailing Address

3804 COCONUT PALM DR  
TAMPA FL 33619  
US

3804 COCONUT PALM DR  
TAMPA FL 33619  
US

00000000

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

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

Laura M. Delise Executive Director

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*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)