

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003185

1. Entity Name

EQUALITY FLORIDA HUMAN RIGHTS EDUCATION PROJECT.

Principal Place of Business

202 S. HOWARD AVE
TAMPA FL 33606
US

Mailing Address

202 S. HOWARD AVE
TAMPA FL 33606-1727
US

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

59-3435235

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

SMITH, NADINE
1485 CLEVELAND STREET
CLEARWATER FL 34615

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 ☐ Delete

NAME
D BENTZ, DON
STREET ADDRESS
1222 S. DALE MABRY, SUITE 652
CITY-ST-ZIP
TAMPA FL 33629

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D SMITH, NADINE
STREET ADDRESS
1222 S. DALE MABRY, STE 652
CITY-ST-ZIP
TAMPA FL 33629

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D MANDEL, AMY
STREET ADDRESS
1222 S. DALE MABRY, SUITE 652
CITY-ST-ZIP
TAMPA FL 33629

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90860 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)