

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006949

1. Entity Name
CITIZEN REVIEW PANELS FOR HILLSBOROUGH CHILDREN,

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90017 011 ****61.25

Principal Place of Business
101 EAST KENNEDY BLVD.,STE.3400
TAMPA FL 33602

Mailing Address
101 EAST KENNEDY BLVD.,STE.3400
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3622485
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLETCHER, CHARLES R
101 EAST KENNEDY BLVD.,STE.3400
TAMPA FL 33602

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	NAME	STREET ADDRESS
D	RICH, MARGUERITE	4522 WOODMERE RD.			
		TAMPA FL 33609			
D	CAMPBELL, NORMAN	14522 WESSEX ST.			
		TAMPA FL 33625			
D	FLETCHER, CHARLES R	101 EAST KENNEDY BLVD.,STE.3400			
		TAMPA FL 33602			
D	CASTOR, DON(HONORABLE)	4140 NORTHMEADOW CIRCLE			
		TAMPA FL 33624			
D	KARL, MERCEDES	867 SEDDON COVE WAY			
		TAMPA FL 33602			
D	TATE, JEANNE T	418 W. PLATT ST.,STE.B			
		TAMPA FL 33606			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Fletcher 4/25/00 (813) 229-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #