2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900006949

Country

6. Name and Address of Current Registered Agent

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

Suite, Apt. #, etc.

FLETCHER, CHARLES R

TAMPA FL 33602

SIGNATURE

101 EAST KENNEDY BLVD., STE. 3400

City & State

Zip

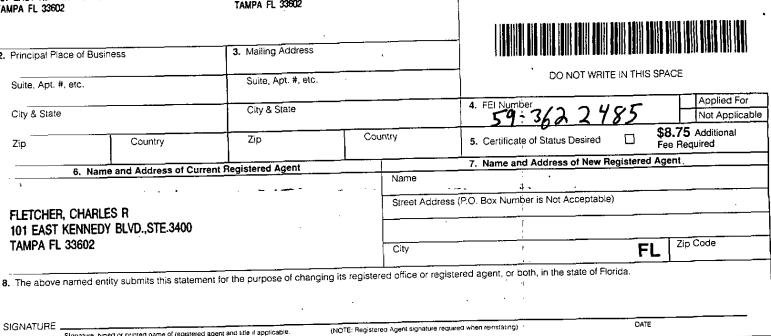
| CITIZEN REVIEW PANELS FOR HILLSBOROUGH CHILDREN, | | | | | |
|--|---|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | |
| 101 EAST KENNEDY BLVDSTE.3400 TAMPA FL 33602 | 101 EAST KENNEDY BLVDSTE.3400 TAMPA FL 33602 | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | | |

Suite, Apt. #, etc.

City & State

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

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



| | FILE NOW: | Election Campaign Fi Trust Fund Contribution | inancing on | \$5.00 May Be Added to Fees | Make Checl Departme | nt of State | |
|--|---|---|---------------------------------------|--------------------------------|------------------------------------|-------------|----------|
| 10. | OFFICERS AND DIRECTO | RS | 11. | ADDITIONS/C | CHANGES TO OFFICERS AND I | | 10 |
| TITLE NAME STREET ADDRESS | D RICH, MARGUERITE 4522 WOODMERE RD. | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | TAMPA FL 33609 CAMPBELL, NORMAN 14522 WESSEX ST. | ☐ Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | TAMPA FL 33625 D FLETCHER, CHARLES R 101 EAST KENNEDY BLVD.,STE.3400 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | 1 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TAMPA FL 33602 D CASTOR, DON(HONORABLE) 4140 NORTHMEADOW CIRCLE TAMPA FL 33624 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 1 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KARL, MERCEDES | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 1 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TATE, JEANNE T | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 7(3)(i) Florida Statutes, I furthe | Change | Additio |

Country

12. Thereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.