APR-26-2001 10:09 DE LA PARTE & GILBERT

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 06, 2001 8:00 am**
**Secretary of State**
07-06-2001 90206 032 ****70.00

DOCUMENT # N99000006949

1. Entity Name

CITIZEN REVIEW PANELS FOR HILLSBOROUGH CHILDREN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 EAST KENNEDY BLVD.,STE.3400<br>TAMPA FL 33602 | 101 EAST KENNEDY BLVD.,STE.3400<br>TAMPA FL 33602 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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: 59-3622485 ☐ 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 |
|---|---|
| FLETCHER, CHARLES R<br>101 EAST KENNEDY BLVD.,STE.3400<br>TAMPA FL 33602 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 name is being) DATE

PLEASE NOTE: 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Secretary of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>RICH, MARGUERITE<br>4522 WOODMERE RD.<br>TAMPA FL 33609 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>CAMPBELL, NORMAN<br>14522 WESSEX ST.<br>TAMPA FL 33625 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>FLETCHER, CHARLES R<br>101 EAST KENNEDY BLVD.,STE.3400<br>TAMPA FL 33602 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>CASTOR, DON(HONORABLE)<br>4140 NORTHMEADOW CIRCLE<br>TAMPA FL 33624 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>KARL, MERCEDES<br>867 SEDDON COVE WAY<br>TAMPA FL 33602 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>TATE, JEANNE T<br>418 W. PLATT ST.,STE.B<br>TAMPA FL 33606 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2EC037 (11/00)

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] (813)229-2775 4/30/01