

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064968

1. Entity Name

HYDE PARK COUNSELING CENTER, INC.

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

01-12-2000 90057 016 ***150.00

Principal Place of Business

Mailing Address

207 VERNE ST
TAMPA FL 33606
US

207 VERNE ST
TAMPA FL 33606-2332
US

2. Principal Place of Business

207 W. VERNE ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

FL.

4. FEI Number

59-3394757

Applied For

Not Applicable

Zip

33606

Country

Hillborough

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

AYE, WALTER E ESQ.
610 W. AZEELE STREET
TAMPA FL 33606

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HILL, L. FERN
STREET ADDRESS 101 GULF WINDS DRIVE, W
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PRESIDENT/C.E.O. ☐ Change ☐ Addition
NAME C. FRED HILL
STREET ADDRESS 101 GULF WINDS DR. W.
CITY-ST-ZIP PALM HARBOR FL. 34683

TITLE D ☒ Delete
NAME KROPP, LINDA A
STREET ADDRESS 207 VERNE ST
CITY-ST-ZIP TAMPA FL 33606

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

TITLE S ☐ Delete
NAME WALLOWITZ, LOUISE
STREET ADDRESS 1012 E JEAN STREET
CITY-ST-ZIP TAMPA FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

01/04/00

813-258-4605

Date

Daytime Phone #

CR2F034 (9/99)