

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008948

Entity Name: HILLSBOROUGH COUNTY LACROSSE ALLIANCE, INC.

Current Principal Place of Business:

C/O SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BOULEVARD SUITE 2800
TAMPA, FL 33602

Current Mailing Address:

C/O SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BOULEVARD SUITE 2800
TAMPA, FL 33602 US

FEI Number: 46-1957860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IHRIG, WILLIAM KENT
101 EAST KENNEDY BLVD, SUITE 2800
TAMPA, FL 33602 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BARLOW, MAHLON H
Address C/O SIVYER, BARLOW & WATSON,
P.A.
401 EAST KENNEDY BOULEVARD
SUITE 2225
City-State-Zip: TAMPA FL 33602

Title D, PRESIDENT
Name LEVY, JONATHAN A
Address 1501 W CLEVELAND ST, SUITE 200
City-State-Zip: TAMPA FL 33606

Title TREASURER
Name HUNDLEY, ROBERT
Address 808 NORTH FRANKLIN STREET
UNIT 1505
City-State-Zip: TAMPA FL 33602

Title D
Name SICKMON, PAUL
Address 13063 WEST LINEBAUGH AVENUE
City-State-Zip: TAMPA FL 33626
Title D
Name IHRIG, WILLIAM K
Address 101 EAST KENNEDY BOULEVARD
SUITE 2800
City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM K IHRIG

D

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date