## **Hillsborough County Special District Information Form**

District Name			District Website			
President's Name			President's Email			
Registered Agent			Agent's Email			
Agent's A	ddress					
Agent's P	hone Number					
	e Registered Agent's name an d on the Tax Collector's webs		re published on the	tax bill, the Tax Colle	ector's bill	
SEAT#	TRUSTEE NAME	ADDRESS	PHONE #	BOARD OFFICE	TERM	
1						
2						
3						
4						
5						
6						
7						
Signature	e of Person Completing Form	Date				

## Send the FORM & MINUTES of the meeting where change in trustees took place to:

Management & Budget Department 26th Floor, County Center PO Box 1110 Tampa, FL 33601 Supervisor of Elections: Candidate Services 2514 N. Falkenburg Road Tampa, FL 33619

## Send ONLY THIS FORM to:

Hillsborough County Tax Collector Attn: QAS Department 2506 N. Falkenburg Road Tampa, FL 33619 or email to non-adv@hillstax.org Hillsborough County Property Appraiser Attn: Tracy Torres 601 E. Kennedy Blvd., 15th Floor Tampa, FL 33602 Dept of Economic Opportunity
Division of Community Dev.
Special District Accountability
107 E. Madison Street, MSC-2100
Tallahassee, FL 32399-2100
or email to jack.gaskins@deomyflorida.com