# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2003 8:00 am**
**Secretary of State**
01-31-2003 90087 026 ****70.00

DOCUMENT # 701472

1. Entity Name
TAMPA AREA SAFETY COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1113 DR. M. L. KING JR. BLVD. EAST<br>TAMPA FL 33603 | 1113 DR. M. L. KING JR. BLVD. EAST<br>TAMPA FL 33603 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-0581682 ☐ 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 |
|---|---|
| HINSON, JOE B, JR<br>1113 E. DR. M.L. KING JR. BLVD.<br>TAMPA FL 33603 | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | IPP<br>FALCK, LAWRENCE J<br>909 BIRDEWAY<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | IPP<br>Rinaldi, Louis J<br>~~PO Box 111~~ 3703 Dale Ave.<br>Tampa, Fl 33609 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RINALDI, LOUIS J<br>PO BOX 111<br>TAMPA FL 33601 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Thompson, Edwin W.<br>311 Park Pl Blvd. Ste 400<br>Clearwater, Fl 33759 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>THOMPSON, ED<br>PO BOX 31665<br>TAMPA FL 33631-3666 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>Savage, Bruce<br>808 Zack St.<br>Tampa, Fl 33602 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SED<br>HINSON JR., JOE B<br>1113 E DR ML KING JR BLVD<br>TAMPA FL 33603 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SED<br>Hinson, Joe B<br>1113E. Dr. M.L. King Jr. Blvd.<br>Tampa, Fl 33603 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SAVAGE, BRUCE<br>808 ZACK STREET<br>TAMPA FL 33602 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Erler, William C<br>9400 Eddings Rd.<br>Odessa, Fl 33556 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Joe B Hinson | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: Joe B Hinson SIGNATURE REQUIRED 1/29/03 813-248-1567