

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90029 038 ****70.00

DOCUMENT # 720906

1. Entity Name

THE FINANCIAL ANALYSTS SOCIETY OF TAMPA BAY, INC

Principal Place of Business

Mailing Address

P O BOX 4097
 SARASOTA FL 34230-097
 US

PO BOX 1136
 TAMPA FL 33601-1136
 US

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

59-6592262

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

RADER, JACK D
17822 EAGLE TRACE
TAMPA FL 33647

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **RADAR, JACK S**
 STREET ADDRESS **4202 FOWLER AVE USF COBA**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **DS** ☐ Delete
 NAME **BRYAN, ALICIA L**
 STREET ADDRESS **2451 N MCMULLEN BOOTH RD**
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **T** ☐ Delete
 NAME **ULRICH, KRUT-**
 STREET ADDRESS **1502 AVE N #800**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **Kurt Ulrich**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **YOUNG, JAMES M**
 STREET ADDRESS **5408 BAY STATE RD**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☒ Delete
 NAME **JOHANSEN, PAULA S**
 STREET ADDRESS **1000 NORTH ASHLEY DRIVE STE. 517**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☒ Addition
 NAME **Bruce Mullin**
 STREET ADDRESS **1605 Main St, Ste 400**
 CITY-ST-ZIP **Sarasota, FL 34230**

TITLE **D** ☐ Delete
 NAME **SHIPLEY, GLENN**
 STREET ADDRESS **1515 RINGLING BLVD**
 CITY-ST-ZIP **SARASOTA FL 34236**

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

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: UNREQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

722-898-1500

Date

Daytime Phone #