

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724051

1. Entity Name

TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATI

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90123 039 \*\*\*\*61.25

Principal Place of Business 3914 US HWY 301 N 200 TAMPA FL 33619-1259 US	Mailing Address 3914 US HWY 301 N 200 TAMPA FL 33619-1293 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7061089

Applied For

Not Applicable

Zip

Country

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

UPHAM, MARY A  
 11406 MIDFIELD WAY  
 TAMPA FL 33624

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	P	<input type="checkbox"/> Delete
NAME	UPHAM, MARY ANNE	
STREET ADDRESS	11406 MIDFIELD WAY	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	BARNETT, POLLY	
STREET ADDRESS	1003 E HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Palmer	
STREET ADDRESS	3914 U.S. Hwy. 301 N., #200	
CITY-ST-ZIP	Tampa, FL 33619-1259	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MORMANN, MONICA	
STREET ADDRESS	12007 LAKE RIDGE RD	
CITY-ST-ZIP	TAMPA FL	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Polly Barnett	
STREET ADDRESS	1003 E. Henry Ave.	
CITY-ST-ZIP	Tampa, FL 33604	

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, NINA	
STREET ADDRESS	208 TREASURE DR	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREA, SHIRLEY	
STREET ADDRESS	4001 SAN JUAN ST	
CITY-ST-ZIP	TAMPA FL 37	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Conoon	
STREET ADDRESS	9808 Lombard Ct., #208	
CITY-ST-ZIP	Tampa, FL 33618	

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, DEBRA	
STREET ADDRESS	5405 HOPEDALE DR	
CITY-ST-ZIP	TAMPA FL	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Evans	
STREET ADDRESS	2025 Darlington Oak Dr.	
CITY-ST-ZIP	Seffner, FL 33584	

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: Debra Palmer, Treasurer / 1/10/00 / 813 / 623-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)