

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90155 032 ****61.25

DOCUMENT # 724051

1. Entity Name

TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATI

Principal Place of Business

Mailing Address

3914 US HWY 301 N
 200
 TAMPA FL 33619-1259
 US

3914 US HWY 301 N
 200
 TAMPA FL 33619-1259
 US

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



DO NOT WRITE IN THIS SPACE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	UPHAM, MARY ANNE	11406 MIDFIELD WAY	TAMPA FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	PALMER, DEBRA	3914 US HWY 301 N #200	TAMPA FL 33619	<input type="checkbox"/>	<input type="checkbox"/>
VP	BARNETT, POLLY	1003 E HENRY AVE	TAMPA FL 33604	<input type="checkbox"/>	<input type="checkbox"/>
D	BERNSTEIN, NINA	208 TREASURE DR	TAMPA FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	COHOON, SHARON	9808 LOMBARD CT #208	TAMPA FL 33618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	EVANS, KATHY	2025 DARLINGTON OAK DR	SEFFNER FL 33584	<input type="checkbox"/>	<input type="checkbox"/>
T	Sandra G Robb	4415 W. Osborne Ave	Tampa FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Kathy Cantrell	1335 Colley Rd	Odessa FL 33556	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	Charlotte Eilers	2358 Knoll Ave South	Palm Harbor FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Sandra G Robb Sandra G Robb 2/7/01 813.877.5197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)