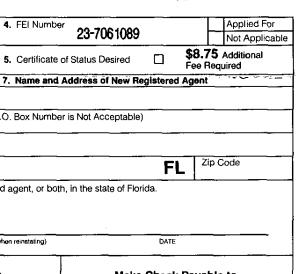
## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 724051** 1. Entity Name TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATI Principal Place of Business Mailing Address 3914 US HWY 301 N 3914 US HWY 301 N TAMPA FL 33619-1259 TAMPA FL 33619-1259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 23-7061089 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) UPHAM, MARY A 11406 MIDFIELD WAY TAMPA FL 33624 City 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be

Feb 08, 2001 8:00 am Secretary of State

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



FEE 15 \$01.25		Trost and Continuous	Hust I and Continuation.		Added to rees Departme		in of State	
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UPHAM, MARY ANNE 11406 MIDFIELD WAY TAMPA FL	<b>D</b> elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra G F 4415 W. Os Tampa FL	Robb Borne Ave 33614	<u>(</u> Change	Addition	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	T PALMER, DEBRA 3914 US HWY 301 N #200 TAMPA FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	**************************************	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, POLLY 1003 E HENRY AVE TAMPA FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, NINA 208 TREASURE DR TAMPA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kothy Cantro 1335 Collet Odessa FL	211 Rd 33556	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHOON, SHARON 9808 LOMBARD CT #208 TAMPA FL 33618	<b>D</b> elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		iters are sowth or FL 34683	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evans, Kathy 2025 Darlington Oak Dr Seffner FL 33584	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP		Change	☐ Addition	

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 ad