

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748176

1. Entity Name

THE GREATER TAMPA ASSOCIATION OF REALTORS, INC.

Principal Place of Business

2918 W KENNEDY BLVD  
TAMPA FL 33609-0195

Mailing Address

2918 W KENNEDY BLVD  
TAMPA FL 33609-3104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

AUSTIN, CAROL A.  
2918 W. KENNEDY BLVD.  
TAMPA FL 33609

7. Name and Address of New Registered Agent

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

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | P                            | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, CONNIE              |  |
| STREET ADDRESS | 10960 N. 56TH STREET         |  |
| CITY-ST-ZIP    | TEMPLE TERRACE FL 33617-5512 |  |
| TITLE          | PE                           | <input checked="" type="checkbox"/> Delete |
| NAME           | SCAGLIONE, TOM               |  |
| STREET ADDRESS | 12966 N. DALE MABRY          |  |
| CITY-ST-ZIP    | TEMPLE TERRACE FL 33618      |  |
| TITLE          | S                            | <input checked="" type="checkbox"/> Delete |
| NAME           | DORAZIO, JEAN                |  |
| STREET ADDRESS | 3401 W. CYPRESS STREET       |  |
| CITY-ST-ZIP    | TAMPA FL 33607               |  |
| TITLE          | T                            | <input type="checkbox"/> Delete            |
| NAME           | HARDING, DON                 |  |
| STREET ADDRESS | 3401 W CYPRESS ST            |  |
| CITY-ST-ZIP    | TAMPA FL 33609               |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | JACOB, JIM                   |  |
| STREET ADDRESS | 1200 W. PLATT STREET         |  |
| CITY-ST-ZIP    | TAMPA FL 33606               |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, JACK              |  |
| STREET ADDRESS | 216 SHORECREST DRIVE         |  |
| CITY-ST-ZIP    | TAMPA FL 33609               |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | P                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Scaglione, Tom             |  |
| STREET ADDRESS | 12966 N. Dale Mabry Hwy.   |  |
| CITY-ST-ZIP    | Tampa, FL 33618            |  |
| TITLE          | PE                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | McCall, Mary               |  |
| STREET ADDRESS | 14823 N. Dale Mabry Hwy.   |  |
| CITY-ST-ZIP    | Tampa, FL 33618            |  |
| TITLE          | S                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Schaffer, Judy             |  |
| STREET ADDRESS | 19026 Bruce B. Downs Blvd. |  |
| CITY-ST-ZIP    | Tampa, FL 33647            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Cohen, Norma               |  |
| STREET ADDRESS | 5000 Bayshore Blvd         |  |
| CITY-ST-ZIP    | Tampa, FL 33611-3824       |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Laine, Terri               |  |
| STREET ADDRESS | 3801 Bay to Bay Blvd.      |  |
| CITY-ST-ZIP    | Tampa, FL 33629            |  |

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 of Jack Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90096 022 \*\*\*\*61.25

905179



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0474867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)

1/4/2000 813-879-7010

Date Daytime Phone #