

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90101 019 ****61.25

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 33609-0195**

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

59-0474867

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

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

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** ☒ Delete
NAME **SCAGLIONE, TOM**
STREET ADDRESS **12966 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **P** ☒ Change ☐ Addition
NAME **McCall, Mary**
STREET ADDRESS **14823 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **PE** ☒ Delete
NAME **MC CALL, MARY**
STREET ADDRESS **14823 N DALE MABRY HWY**
CITY-ST-ZIP **TEMPLE TERRACE FL 33618**

TITLE **PE** ☐ Change ☒ Addition
NAME **Madden, Susanna**
STREET ADDRESS **14823 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **S** ☒ Delete
NAME **SCHAFER, JUDY**
STREET ADDRESS **19026 BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **S** ☐ Change ☒ Addition
NAME **Stander, Julia**
STREET ADDRESS **11801 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **T** ☒ Delete
NAME **HARDING, DON**
STREET ADDRESS **3401 W CYPRESS ST**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **T** ☐ Change ☒ Addition
NAME **Adams, Dee**
STREET ADDRESS **P.O. Box 22061**
CITY-ST-ZIP **Tampa, FL 33622**

TITLE **D** ☐ Delete
NAME **COHEN, NORMA**
STREET ADDRESS **5000 BAYSHORE BLVD**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **D** ☐ Delete
NAME **LAINE, TERRI**
STREET ADDRESS **3801 BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)