

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91577 026 \*\*\*150.00

**DOCUMENT # N00000000796**

1. Entity Name

**THE TAMPA BAY CHAPTER OF THE RISK AND INSURANCE**

Principal Place of Business

Mailing Address

220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

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

59-3625594

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**SMYER, NEAL A**  
**220 SOUTH FRANKLIN STREET**  
**TAMPA FL 33602**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **DEILLO, MARK**  
CITY-ST-ZIP **PO BOX 31075**  
**TAMPA FL 33631-3075**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HOFFMANN, DENNIS R**  
CITY-ST-ZIP **3055 RUEN DRIVE**  
**PALM HARBOR FL 34685**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MENABE, MIKE**  
CITY-ST-ZIP **720 ZACK STREET**  
**TAMPA FL 33602**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BENISHEK, MICHAEL**  
CITY-ST-ZIP **503-10TH STREET WEST**  
**PALMETTO FL 34220**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PETRUCCELLI, LUCY**  
CITY-ST-ZIP **2379 BROAD STREET**  
**BROOKSVILLE FL 34609**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERRARO, BARBARA**  
CITY-ST-ZIP **PO BOX 12749**  
**ST PETERSBURG FL 33733-2749**

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: **MANUEL M. MURRAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01

Date

(813) 274-5736

Daytime Phone #

CR2E037 (10/00)