

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90917 012 ****61.25

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DOCUMENT # N00000006292

1. Entity Name

MANAGEMENT ASSISTANCE PROGRAM, INC.



Principal Place of Business

**1111 N. WESTSHORE BLVD.
SUITE 215
TAMPA FL 33607-4711**

Mailing Address

**1111 N. WESTSHORE BLVD.
SUITE 215
TAMPA FL 33607-4711**

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 **59-3671047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LARSEN, ANN
MANAGEMENT ASSISTANCE PROGRAM, INC.
1111 N. WESTSHORE BLVD., SUITE 215
TAMPA FL 33607-4711**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ALANDER, ROSS**
STREET ADDRESS **1406 S. NANCE AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **TD** ☐ Delete
NAME **CLARK, JOSEPH W**
STREET ADDRESS **100 N. STARCREST DRIVE, SUITE 202**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete
NAME **CROWDER, SHEFFIELD**
STREET ADDRESS **2910 W. BAY TO BAY BLVD., SUITE 200**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
NAME **FURNARI, ALEXANDRA**
STREET ADDRESS **1205 E. 8TH AVENUE**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **PD** ☐ Delete
NAME **KAPLAN, H. ROY DR.**
STREET ADDRESS **750-93RD AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **SD** ☐ Delete
NAME **NIXON, ROBERT I DR**
STREET ADDRESS **14158 FENNSBURY DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DEEN, JILL**
STREET ADDRESS **8725 HENDERSON ROAD**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **D** ☐ Change ☒ Addition
NAME **EADIE, DOUGLAS C.**
STREET ADDRESS **4375 WHEATLAND WAY**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **D** ☐ Change ☒ Addition
NAME **LISENBY, CHELLIE**
STREET ADDRESS **7205 N. HABANA AVE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **D** ☐ Change ☒ Addition
NAME **OPFER, ROY**
STREET ADDRESS **3020 W. LAUREL ST.**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **VD** ☐ Change ☒ Addition
NAME **PINZON, MARIA**
STREET ADDRESS **2700 N. MACDILL AVE, SUITE 106**
CITY-ST-ZIP **TAMPA, FL 33607**

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:

REQUIRED

3/25/03 (727) 568-9333

CR2E037 (10/02)