2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20365

1. Entity Name

TAMPA CHAPTER OF THE AMERICAN SOCIETY OF CLU & C

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90030 012 ****61.25

Principal Place of Business	Mailing Address
4010 CYPRESS WILLOW CT TAMPA FL 33614 US	C/O THOMAS A. ROMAN P.O. BOX 21732 TAMPA FL 33622-1732 US

DO NOT WRITE IN THIS SPACE

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 59-2824939 ☐ 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
DORREMAN, ELAINE 4010 CYPRESS WILLOW CT TAMPA FL 33614	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOLLSTAD, GEORGE 4010 BOY SCOUT BLVD., #700 TAMPA FL 33607	☒ Delete	D CAROL BALKCOM 302 KNIGHTS RUN AVE. #1000 TAMPA FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, WALTER 4010 BOY SCOUT BLVD, #700 TAMPA FL 33607	☐ Delete	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUTCHENS, GEORGE 2202 N. LOIS AVE., #270 TAMPA FL 33607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRIVONAK, MARK 14906 WINDING CREEK CT TAMPA FL 33613	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOOD, GREG 500 N. WESTSHORE #415 TAMPA FL 33609	☐ Delete	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRILLO, DONNA ONE N DALE MABRY, #1100 TAMPA FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ WALTER E. JONES, JR 4/24/00 813-243-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #