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

**FILED**
**Jan 30, 2003 8:00 am**
**Secretary of State**
01-30-2003 90131 043 ****61.25

DOCUMENT # N38524

1. Entity Name
TEXT AND ACADEMIC AUTHORS ASSOCIATION, INC.

90013575

| Principal Place of Business | Mailing Address |
|---|---|
| BUILDING ONE<br>UNIVERSITY OF SOUTH FLORIDA<br>ST PETERSBURG FL 33701<br>US | BUILDING ONE<br>UNIVERSITY OF SOUTH FLORIDA<br>ST PETERSBURG FL 33701<br>US |

☒ CHECK HERE IF MAKING CHANGES

| 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 59-3013967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TUCKER, JANET N.
BUILDING ONE
UNIVERSITY OF SOUTH FLORIDA
ST PETERSBURG FL 33701

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>STANFIELD, PEGGY<br>794 BOLTON ST<br>TWIN FALLS ID 83301 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Michael Sullivan<br>9529 TRIPP<br>OAK LAWN, IL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SWITZER, MARY KAY<br>CALIFORNIA STATE POLYTECHNIC UNIVERSITY<br>POMONA CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>SULLIVAN, MICHAEL<br>9529 TRIPP<br>OAK LAWN IL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>JAY BIACK<br>USF St. Petersburg<br>ST. PETERSBURG, FL 33701 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WAKEFIELD, JOHN F<br>UNIV OF NO ALABAMA BOX 5208<br>FLORENCE AL 35632-0001 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GILLEN, STEVE<br>2500 PNC CENTER<br>CINCINNATI OH 45202 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PYNN, RONALD E.<br>UNIVERSITY OF NORTH DAKOTA<br>GRAND FORKS ND | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Ronald E Pynn RE Ronald E Pynn 1/28/03 727-553-1195