

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50852

1. Entity Name

WEST CENTRAL FLORIDA CHAPTER OF THE INSTITUTE OF

Principal Place of Business

Mailing Address

100-2ND AVE., S.
#600
ST. PETERSBURG FL 33701
US

100-2ND AVE., S.
#600
ST. PETERSBURG FL 33701-4360
US

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

59-3196234

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

LONG, SUSAN W.
8910 N. DALE MABRY
SUITE 15
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 PD
NAME SALVERSON, DAVID A
STREET ADDRESS 100 2ND AVENUE, SOUTH, STE. 600
CITY-ST-ZIP ST PETERSBURG FL 33771-4336 ☐ Delete

TITLE TD
NAME BURG, TODD
STREET ADDRESS 100 2ND AVENUE, SOUTH, STE. 600
CITY-ST-ZIP ST. PETERSBURG FL 33701-4336 ☐ Delete

TITLE SD
NAME MILLS, KATHY
STREET ADDRESS 1401 COURT STREET
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE VPD
NAME MCNULTY, JAMES A
STREET ADDRESS 400 ASHLEYDR. # 2675
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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 #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90140 020 ****61.25



DO NOT WRITE IN THIS SPACE

1-27-00 727-821-6161