

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90114 009 \*\*\*\*61.25

**DOCUMENT # N93000001148**

1. Entity Name

**TAMPA BAY AREA PLANNED GIVING COUNCIL, INC.**

Principal Place of Business

Mailing Address

150 SECOND AVE. NORTH  
 SUITE 1100  
 ST. PETERSBURG FL 33701

150 SECOND AVE. NORTH  
 SUITE 1100  
 ST. PETERSBURG FL 33701

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

**59-3223135**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEIM, HOLGER ESQ.**  
**150 2ND AVE. NORTH**  
**STE. 1100**  
**ST. PETERSBURG FL 33701**

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 **D**  Delete  
 NAME **GLEIM, HOLGER ESQ.**  
 STREET ADDRESS **150 SECOND AVE., NORTH STE. 1100**  
 CITY-ST-ZIP **ST. PETERDBURG FL 33701**

TITLE **D**  Change  Addition  
 NAME **Thomas R. Giddens**  
 STREET ADDRESS **University of Tampa**  
 CITY-ST-ZIP **401 W. Kennedy Boulevard Tampa, FL 33606**

TITLE **P**  Delete  
 NAME **GAY, GREGORY G ESQ.**  
 STREET ADDRESS **5318 BALSAM STREET**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D**  Change  Addition  
 NAME **Bruce D. Swanson**  
 STREET ADDRESS **Family Foundation Advisors**  
 CITY-ST-ZIP **101 W. Venice Avenue, #10 Venice, FL 34285**

TITLE **T**  Delete  
 NAME **HORTON, LLOYD**  
 STREET ADDRESS **1671 LAKEWOOD DRIVE S.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **VP/D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **ELBARE, JOHN**  
 STREET ADDRESS **4890 W. KENNEDY #800**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **P/D**  Change  Addition  
 NAME  
 STREET ADDRESS **c/o The Arthritis Foundation**  
 CITY-ST-ZIP **897 Cutler Road Longwood, FL 32779**

TITLE **D**  Delete  
 NAME **THOMAS, CURTIS**  
 STREET ADDRESS **% DARC, 3100 75TH STREET N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **% PARC, 3100 75th Street North**  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **CRESS, STEFFAN**  
 STREET ADDRESS **601 BAYSHORE #600**  
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **S/D**  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: *Thomas R. Giddens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00 (813) 225-8597

Date

Daytime Phone #

CR200017 (9/98)