

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90383 040 ****61.25

DOCUMENT # N96000000678



1. Entity Name
211 TAMPA BAY CARES, INC.

Principal Place of Business
**11457 ULMERTON RD
LARGO FL 33778**

Mailing Address
**P.O. BOX 5164
LARGO FL 33779**

2. Principal Place of Business
11457 ULMERTON RD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5164
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LARGO, FL
Zip
33778

Country
USA

City & State
LARGO, FL
Zip
33779

Country
USA

4. FEI Number **59-3355555**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOX, CYNTHIA
11457 ULMERTON RD
LARGO FL 33778**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SEAL, KAREN W**
STREET ADDRESS **315 COURT STREET**
CITY-ST-ZIP **CLEARWATER FL 33752**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **Escobales, MARIA**
STREET ADDRESS **2366 HADDON HALL PLACE**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **VD** ☐ Delete
NAME **CATANESE, GEORGE**
STREET ADDRESS **800 CARILLON PARKWAY**
CITY-ST-ZIP **ST PETERSBURG FL 33733**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RICH, MARION**
STREET ADDRESS **2135 CAMDEN WAY**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Rich, MARION**
STREET ADDRESS **2135 CAMDEN WAY**
CITY-ST-ZIP **CLEARWATER, FL 33779**

TITLE **TD** ☐ Delete
NAME **SHARP, COVINGTON**
STREET ADDRESS **1150 CLEVELAND STREET**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☐ Delete
NAME **FOX, CYNTHIA**
STREET ADDRESS **11457 ULMERTON RD**
CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLACKBURN, SUSAN**
STREET ADDRESS **333 THIRD AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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:

SIGNATURE REQUIRED

3/26/03/727-518-3344

CR2E037 (10/02)