**FILED**
**Mar 05, 2003 8:00 am**
**Secretary of State**
03-05-2003 90047 036 ****61.25

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

DOCUMENT # N99000001712

1. Entity Name
THE TAMPA BAY CHAPTER OF THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 500 N WESTSHORE BLVD<br>SUITE #435<br>TAMPA, FL 33609 US | 500 N WESTSHORE BLVD<br>SUITE #435<br>TAMPA, FL 33609 US |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| N GI | 5830 - C W. Cypress St |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. — |
| City & State: Tampa, FL | City & State: Tampa, FL |
| Zip: 33607 Country: USA | Zip: 33607 Country: USA |

4. FEI Number: 59-3562702 ☐ 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 |
|---|---|
| MORAWA, BRENDA V PE<br>500 N WESTSHORE BLVD<br>SUITE #435<br>TAMPA, FL 33609 | Name: Esther Leonard<br>Street Address (P.O. Box Number is Not Acceptable): 5830 - C W. Cypress St.<br>City: Tampa FL Zip Code: 33607 |

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: Esther Leonard DATE: 3-3-03
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 | D<br>DOWNER, KRISTEN<br>P O BOX 272278<br>TAMPA, FL 33688 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Corcoran, Shannon<br>10500 University Ctr. Dr. #155<br>Tampa, FL 33612 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MORAWA, BRENDA V<br>500 N. WESTSHORE BLVD., #435<br>TAMPA, FL 33609 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Leonard, Esther<br>5830 - C. W. Cypress St.<br>Tampa, FL 33607 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HORSTMAN, GEORGE<br>4905 W LAUREL STREET #105<br>TAMPA, FL 33607 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Townsend, Tom<br>4301 Anchor Plaza Pkwy<br>Tampa, FL 33634 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MATSON, ROBYN<br>601 W SWANN AVENUE<br>TAMPA, FL 33606 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Gibson, Lisa<br>500 N. Westshore Blvd. #620<br>Tampa, FL. 33607 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BUTTS, KEITH RE<br>5801 BENJAMIN CIRCLE #112<br>TAMPA, FL 33634 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Kozera, Chester<br>2300 Curlew Rd. #100<br>Palm Harbor, FL 34683 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STAFFORD, JENNIFER<br>380 PARK PLACE BLVD #300<br>CLEARWATER, FL 33579 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Rutan, Lynn<br>12220 49th St. N.<br>Clearwater, FL. 33762 | ☐ 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:** Esther Leonard 3-3-03 813-286-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

800470l5
#N99000001712

Additional Directors

D
Jaikaran, Anoopa
400 N. Ashley St. #1750
Tampa, FL 33602

D
Fronce, Tom
420 Drew St.
Clearwater, FL 33755

D
Stanisci, Tina
2714 9th St. N.
St. Petersburg, FL 33704

D
Matson, Robin
556 Central Avenue
St. Petersburg, FL 33701