

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90133 049 ****61.25

DOCUMENT # N99000005675

1. Entity Name

TAMPA BAY REGIONAL CRITICAL INCIDENT TEAM, INC.

Principal Place of Business

37837 MERIDIAN AVE., STE. 206
 DADE CITY FL 33525

Mailing Address

37837 MERIDIAN AVE., STE. 206
 DADE CITY FL 33525

2. Principal Place of Business

38108 Meridian Avenue
 Suite, Apt. #, etc.

3. Mailing Address

38108 Meridian Avenue
 Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

59-3618654
 APPLIED FOR

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, KARLA S ESQ
 37837 MERIDIAN AVE., STE. 206
 DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Karla S. Owens

Street Address (P.O. Box Number is Not Acceptable)

38108 Meridian Avenue

City

Dade City

FL

Zip Code

33525

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

Karla S. Owens

Karla S. Owens

9/16/01

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
After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUFRESNE, SHARRI	
STREET ADDRESS	8214 LA SERENA DR.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DONNA	
STREET ADDRESS	15437 PLANTATION OAKS, APT. 10	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELL, NANCY	
STREET ADDRESS	625 BOSPHORUS AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWENS, RICK	
STREET ADDRESS	16520 BELLAMY BROTHERS BLVD.	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MARTIN, DR.	
STREET ADDRESS	510 CRESTOVER DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	FOJT, DIANE	
STREET ADDRESS	14001 DOMINION CT.	
CITY-ST-ZIP	TAMPA FL 33613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Wilson	
STREET ADDRESS	19421 Morden Blush Dr.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Timmer	
STREET ADDRESS	10932 Brightside	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karla Owens	
STREET ADDRESS	16520 Bellamy Bros. Blvd.	
CITY-ST-ZIP	Dade City, FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Administrative Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 133 Susan Whitney	
STREET ADDRESS	P.O. Box 133	
CITY-ST-ZIP	Valrico, FL 33595	

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

Larry Timmer

9/12/01

352-567-9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)