

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003757

Entity Name: TAMPA BAY COLLABORATIVE DIVORCE GROUP, INC.**Current Principal Place of Business:**707 N. FRANKLIN STREET
SUITE 400
TAMPA, FL 33602**Current Mailing Address:**707 N. FRANKLIN STREET
SUITE 400
TAMPA, FL 33602**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLUCKMAN, JEREMY E
707 N. FRANKLIN STREET
SUITE 400
TAMPA, FL 33602 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIR
Name GREENE, RALEIGH
Address 401 FOURTH STREET, NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIR
Name HARRIS, NANCY
Address 100 S. ASHLEY DRIVE, SUITE 300
City-State-Zip: TAMPA FL 33602

Title DIR
Name HUNT, JOE
Address 100 S. ASHLEY DRIVE, SUITE 300
City-State-Zip: TAMPA FL 33602

Title DIR
Name SIKORSKE, CAROLINE B
Address 307 S. MAGNOLIA AVENUE
City-State-Zip: TAMPA FL 33606

Title DIR
Name MCCULLOCH, MARIAN
Address 202 S. ROME AVENUE, SUITE 100
City-State-Zip: TAMPA FL 33606

Title D
Name GLUCKMAN, JEREMY
Address 707 N. FRANKLIN STREET
SUITE 400
City-State-Zip: TAMPA FL 33602

Title D
Name LEWIS, MICHAEL
Address 1530 W. CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name BOULLOSA, ALICE
Address 200 S. HOOVER BOULEVARD
City-State-Zip: TAMPA FL 33609

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEREMY E. GLUCKMAN**REGISTERED AGENT****02/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HIMES, FRASER
Address 601 BAYSHORE BOULEVARD
SUITE 615
City-State-Zip: TAMPA FL 33606

Title CFFD
Name PHILLIPS, ANTHONY CPA,ABV
Address 1530 WEST CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name HUGHES, ALLYSON
Address 7604 MASSACHUSETTS AVENUE
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name LARA, ODALYS
Address 2105 DREW STREET
SUITE 200
City-State-Zip: CLEARWATER FL 33765

Title CHAIRMAN
Name WARE, ELLEN
Address 600 S. MAGNOLIA AVENUE
SUITE 225
City-State-Zip: TAMPA FL 33606

Title CHAIRMAN
Name DIMEO, KRISTIN CPA
Address 109 SOUTH EDISON AVENUE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name EPSTEIN, MONICA
Address 3314 BAY TO BAY BOULEVARD
SUITE E
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name JEFFRIES, COLE
Address 2501 WEST MORRISON AVENUE
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name TENRET, TINA
Address 611 DRUID ROAD EAST
SUITE 105
City-State-Zip: CLEARWATER FL 33756