# Electronic Signature of Signing Officer/Director Detail

	TREASURER

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## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N14000003757

Entity Name: TAMPA BAY ACADEMY OF COLLABORATIVE PROFESSIONALS, 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

#### Name and Address of Current Registered Agent: GLUCKMAN, JEREMY E 707 N. FRANKLIN STREFT

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

### Officer/Director Detail :

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Title	DIRECTOR	Title	CO-CHAIRMAN
Name	HARRIS, NANCY	Name	SIKORSKE, CAROLINE B
Address	100 S. ASHLEY DRIVE, SUITE 300	Address	307 S. MAGNOLIA AVENUE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33606
Title	DIRECTOR	Title	CO-CHAIRMAN
Name	GLUCKMAN , JEREMY	Name	LEWIS, MICHAEL
Address	707 N. FRANKLIN STREET	Address	1530 W. CLEVELAND STREET
City-State-Zip:	SUITE 400 TAMPA FL 33602	City-State-Zip:	TAMPA FL 33606
<b>T</b> '0.		Title	DIRECTOR
Title	DIRECTOR	Name	HIMES, FRASER
Name Address	BOULLOSA, ALICE 200 S. HOOVER BOULEVARD	Address	601 BAYSHORE BOULEVARD SUITE 615
City-State-Zip:	BLDG 200, STE 100 TAMPA FL 33609	City-State-Zip:	TAMPA FL 33606
Title	DIRECTOR DIMEO, KRISTIN CPA	Title	DIRECTOR
Name		Name	PHILLIPS, ANTHONY CPA, ABV
		Address	1530 WEST CLEVELAND STREET
Address	109 SOUTH EDISON AVENUE	City-State-Zip:	TAMPA FL 33606
City-State-Zip:	TAMPA FL 33606		

### Continues on page 2

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: DAVID HARPER	
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Date

Certificate of Status Desired: No

04/22/2019

#### **Officer/Director Detail Continued :**

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	Title	SECRETARY	Title	DIRECTOR
	Name	EPSTEIN, MONICA	Name	HUGHES, ALLYSON
	Address	3314 BAY TO BAY BOULEVARD	Address	7604 MASSACHUSETTS AVENUE
	City-State-Zip:	SUITE E TAMPA FL 33629	City-State-Zip:	NEW PORT RICHEY FL 34653
Title	<b>T</b> '4.		Title	DIRECTOR
		Name	LARA, ODALYS	
	Name	JEFFRIES, COLE	Address	2105 DREW STREET
	Address	2501 WEST MORRISON AVENUE		SUITE 200
	City-State-Zip:	TAMPA FL 33629	City-State-Zip:	CLEARWATER FL 33765
	Title	DIRECTOR	Title	DIRECTOR
	Name	TENRET, TINA	Name	WARE, ELLEN
	Address	611 DRUID ROAD EAST SUITE 105	Address	600 S. MAGNOLIA AVENUE SUITE 225
	City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	TAMPA FL 33606
	Title	DIRECTOR	Title	DIRECTOR
			Name	
	Name	DERR, CHRISTINE		KOCH, KY
	Address	2001 W. CLEVELAND STREET	Address	200 N. GARDEN AVENUE SUITE A
	City-State-Zip:	TAMPA FL 33606	City-State-Zip:	CLEARWATER FL 33755
	Title	TREASURER	Title	DIRECTOR
	Name	ess 2358 DREW STREET	Name	LUNDY, MICHAEL
	Address			
С	City-State-Zip:		Address	3014 WEST PALMIRA AVENUE SUITE 202
			City-State-Zip:	TAMPA FL 33629