

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49812

Entity Name: BUSH ROSS, P.A.

Current Principal Place of Business:

1801 N. HIGHLAND AVE
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 3913
TAMPA, FL 33601-3913 US

FEI Number: 59-2753805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
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 CEO, PRESIDENT, DIRECTOR,
CHAIRMAN
Name WARREN, JEFFREY W
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title EXECUTIVE VP, DIRECTOR
Name EVANGELISTA, JAMES J
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title ASST. VP
Name STAGGS, H. BRADLEY
Address 1801 N HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title VP, DIRECTOR
Name GIORDANO, JOHN N
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title SECRETARY, DIRECTOR
Name BUFFINTON, AMANDA B
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title VP, DIRECTOR
Name CROTTS, TROY J
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title ASST. VP
Name SAVITZ, EDWARD O
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title ASST. VP
Name ALPERT, ADAM L
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN N. GIORDANO

VICE PRESIDENT

03/30/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASST. VP
Name ANDERSEN, J. CARTER
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title ASST. VP
Name BANKER, DAVID C
Address 1801 N. HIGHLAND AVE
City-State-Zip: TAMPA FL 33602

Title TREASURER, DIRECTOR
Name JENKINS, ANDREW T
Address 1801 N. HIGHLAND AVE
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Title ASST. VP
Name JONES, BRENT A
Address 1801 N. HIGHLAND AVE
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Title ASST. VP
Name KELLY, PETER J
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Title ASST. VP
Name PROBASCO, JOSEPH A
Address 1801 N. HIGHLAND AVE
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Title ASST. VP
Name STERNS, RANDY K
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Title ASST. VP
Name FERRENTINO, VICTORIA N
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Title ASST. VP
Name MOE, ANNE-LEIGH
Address 1801 N. HIGHLAND AVE
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Title VP
Name APPLETON, ERIC N
Address 1801 N. HIGHLAND AVE
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Title ASST. VP
Name HIGH, KELLY R
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Title ASST. VP
Name JILEK, BENJAMIN S
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Name KASTEN, A. CHRISTOPHER
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Name MCELFRICK, BRIAN T
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Name ACOSTA, JOLYON D
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Title ASST. VP
Name FREEMAN, MEREDITH A
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Title ASST. VP
Name PROCKOP, FRANCES G
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