

2015 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 ASST. VP
Name STAGGS, H. BRADLEY
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 SAVITZ, EDWARD O
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 VP, DIRECTOR
Name GIORDANO, JOHN N
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 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

03/23/2015

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
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Title ASST. VP
Name FRENCH, STEPHEN B
Address 1801 N. HIGHLAND AVE
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Title TREASURER, DIRECTOR
Name JENKINS, ANDREW T
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Title ASST. VP
Name JONES, BRENT A
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Name KELLY, PETER J
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Name MEZER, STEVEN H
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Name APPLETON, ERIC N
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Name STERNS, RANDY K
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