

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90035 032 \*\*\*\*70.00

**DOCUMENT # 701114**

1. Entity Name  
**THE UNIVERSITY OF TAMPA, INCORPORATED**



Principal Place of Business  
**401 WEST KENNEDY BLVD.  
TAMPA, FL 33606-1490 US**

Mailing Address  
**401 WEST KENNEDY BLVD.  
TAMPA, FL 33606-1490 US**

**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-0624459**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VAUGHN, RONALD L  
401 WEST KENNEDY BLVD.  
TAMPA, FL 33606-1490**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME VAUGHN, RONALD L  
STREET ADDRESS 401 WEST KENNEDY BLVD.  
CITY-ST-ZIP TAMPA, FL 336061490

TITLE VT  
NAME FORSCHNER, ROBERT E  
STREET ADDRESS 401 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA, FL 33606

TITLE S  
NAME POPOVICH, DONNA  
STREET ADDRESS 401 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA, FL 33606

TITLE D  
NAME ~~BAILEY, RON~~ Maureen R. Dunkel  
STREET ADDRESS 401 WEST KENNEDY BLVD.  
CITY-ST-ZIP TAMPA, FL 336061490

TITLE D  
NAME SYKES, JOHN H  
STREET ADDRESS 401 WEST KENNEDY BLVD.  
CITY-ST-ZIP TAMPA, FL 336061490

TITLE D  
NAME STRAZ, DAVID A JR  
STREET ADDRESS 401 WEST KENNEDY BLVD.  
CITY-ST-ZIP TAMPA, FL 336061490

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Ronald L. Vaughn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07

(813) 253-6201

Date

Daytime Phone #