

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90107 029 \*\*\*\*70.00

**DOCUMENT # 701472**

1. Entity Name

**TAMPA AREA SAFETY COUNCIL, INC.**

Principal Place of Business

Mailing Address

**1113 DR. M. L. KING JR. BLVD. EAST  
TAMPA FL 33603**

**1113 DR. M. L. KING JR. BLVD. EAST  
TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0581682**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINSON, JOE B, JR  
1113 E. DR. M.L. KING JR. BLVD.  
TAMPA FL 33603**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

1. 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 Joe B Hinson, Jr., Secretary

1/09/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	IPP	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JASON R	
STREET ADDRESS	8202 HANGAR LOOP DRIVE	
CITY-ST-ZIP	MACDILL AFB FL 33621	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FALCK, LAWRENCE J	
STREET ADDRESS	5807 BRECKENRIDGE PARKWAY, #A	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	PE	<input type="checkbox"/> Delete
NAME	RINALDI, LOUIS J	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, ED	
STREET ADDRESS	311 PARK PLACE BLVD, #400	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	SED	<input type="checkbox"/> Delete
NAME	HINSON JR., JOE B	
STREET ADDRESS	1113 E DR ML KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	IPP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Falck, Lawrence J.	
STREET ADDRESS	909 BirdWay	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rinaldi, Louis J.	
STREET ADDRESS	PO Box 111	
CITY-ST-ZIP	Tampa, FL 33601	
TITLE	PE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Ed	
STREET ADDRESS	PO Box 31665	
CITY-ST-ZIP	Tampa, FL 33631-3666	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Savage, Bruce	
STREET ADDRESS	808 Zack Street	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hinson Jr., Joe B	
STREET ADDRESS	1113 E. Dr. M L King Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

01/09/02

813-3248-1567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)