

2000 UNIFORM BUSINESS REPORT (UBR)

3.

DOCUMENT # 715857

1. Entity Name

THE FAMILY SERVICE ASSOCIATION OF GREATER TAMPA.

FILED
May 12, 2000 8:00 am
Secretary of State

03-24-2000 90109 041 *****70.00

Principal Place of Business Mailing Address
 5800 N. NEBRASKA AVE. 5800 N. NEBRASKA AVE.
 TAMPA FL 33604 TAMPA FL 33604-7128

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 59-0624382
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEINER, EUGENE D
 5800 N. NEBRASKA AVE
 TAMPA FL 33604

7. Name and Address of New Registered Agent

Name Sarah B. Ficquette
 Street Address (P.O. Box Number is Not Acceptable)
 305 S. Hyde Park Avenue.

City Tampa FL Zip Code 33606

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.

SIGNATURE *Sarah B. Ficquette* SARAH B. FICQUETTE EXECUTIVE DIRECTOR 3/21/00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'ROURKE, BILL 5204 DOWNING STREET DOVER FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD ROGO, JEFF 2402 S. CAMERON TAMPA FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARZISSENFELD, BRUCE 1018 HOLLYBERRY COURT BRANDON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEBD BIELON, MICHAEL J. 10460 ROOSEVELT DR, #181 ST PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, SUSAN 3030 N. ROCKY PT DRIVE TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WEINER, EUGENE D 14728 DAYBEAK DR LUTZ FL 33549	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ross, Shirley P.O. Box 111 Tampa, FL 33601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Friend, Sue 3021 Samara Drive Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Campbell, Norman 14522 Wessex Street Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hawkins, Kevin 1501 Roosevelt Blvd. Suite 104 Clearwater, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dowling, Barbara 4715 Health Avenue Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SARAH B. FICQUETTE SARAH B FICQUETTE 3/21/00 8437
 813-251

CR2E037 (9/99)