

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90037 034 ****70.00

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DOCUMENT # 715857

1. Entity Name

THE FAMILY SERVICE ASSOCIATION OF GREATER TAMPA,

Principal Place of Business

**5800 N. NEBRASKA AVE.
 TAMPA FL 33604**

Mailing Address

**5800 N. NEBRASKA AVE.
 TAMPA FL 33604**

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

7. Name and Address of New Registered Agent

**FICQUETTE, SARAH B
 305 S HYDE PARK AVE
 TAMPA FL 33606**

Name

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

City

FL

Zip Code

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

X. Sarah B Ficquette
 Signature, typed or printed name of registered agent and title if applicable.

SARAH B FICQUETTE

1/22/01
 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 **PD** ☐ Delete
 NAME **myers**
 STREET ADDRESS **PO BOX 111**
 CITY-ST-ZIP **TAMPA FL 33601**

TITLE ☐ Change ☐ Addition
 NAME **Shirley A Myers**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **FRIEND, SUE**
 STREET ADDRESS **3021 SAMARA DRIVE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **CAMPBELL, NORMAN**
 STREET ADDRESS **14522 WESSEX STREET**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **HAWKINS, KEVIN**
 STREET ADDRESS **1501 ROOSEVELT BLVD. STE 104**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DOWLING, BARBARA**
 STREET ADDRESS **4715 HEALTH AVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Shirley A Myers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)

Family Service Association Board of Directors 2000-2001

Attachment:
715857-709917

Shirley M. Myers '00, FSA PRESIDENT
TECO Energy Inc.
P O Box 111, Tampa, FL 33601
Work: 228-4754, Fax: 228-4262, Home: 641-9636
Email: samyers@tecoenergy.com

Sue Friend '00, FSA VICE PRESIDENT
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Tampa, FL 33618
Home: 935-8440
Email: sfri3021@aol.com

Norman P. Campbell '00, FSA TREASURER
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Tampa, FL 33625
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