

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90007 038 ****61.25

DOCUMENT # 719462

1. Entity Name

ALLIANCE FRANCAISE OF TAMPA, INC.

Principal Place of Business

**2415 PROSPECT RD W
TAMPA FL 33629
US**

Mailing Address

**P.O. BOX 20351
TAMPA FL 33622
US**

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

59-2137323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEARNS, BEVERLY
14713 TALL TREE DR
LUTZ FL 33558**

7. Name and Address of New Registered Agent

Name

SAME

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

SIGNATURE

Beverly Stearns

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

(NOTE: Registered Agent signature required when reinstating)

7/30/02

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 **BOD** ☐ Delete
NAME **JONES, ALAN**
STREET ADDRESS **5301 WITHAM COURT**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **T** ☐ Delete
NAME **STEARNS, BEVERLY**
STREET ADDRESS **14713 TALL TREE DR**
CITY-ST-ZIP **LUTZ FL 33558**

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

TITLE **BOD** ☒ Delete
NAME **MAGRIBY, ROSE MARIE**
STREET ADDRESS **928 S DAKOTA AVE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **P** ☒ Delete
NAME **HARRISON, RICHARD**
STREET ADDRESS **1901 BRINSON ROAD UN36**
CITY-ST-ZIP **LUTZ FL 33558**

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

TITLE **BOD** ☐ Delete
NAME **HUTCHINSON, PAUL**
STREET ADDRESS **2415 PROSPECT RD W**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **BOD** ☒ Delete
NAME **DAWSON, PETER**
STREET ADDRESS **8225 ROME AVE**
CITY-ST-ZIP **TAMPA FL 33606**

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: *Beverly Stearns* **7/30/02** **813**
977-8211

CR2E037 (4/02)