

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90058 007 \*\*\*\*61.25

**DOCUMENT # 720906**

1. Entity Name

**THE FINANCIAL ANALYSTS SOCIETY OF TAMPA BAY, INC**

Principal Place of Business

Mailing Address

P.O. BOX 4097  
 SARASOTA FL 34230-097  
 US

PO BOX 1136  
 TAMPA FL 33601  
 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

**59-6592262**

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

**BRYAN, ALICIA L**  
**2451 MCMULLEN BOOTH RD STE 315**  
**CLEARWATER FL 33759**

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

*Alicia L. Bryan*

**1-8-02**

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 **DS** ☐ Delete  
 NAME **BAILEY, ERIC**  
 STREET ADDRESS **102 W WHITING ST STE 602**  
 CITY-ST-ZIP **TAMPA FL 33602-5140**

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

TITLE **DT** ☐ Delete  
 NAME **BRYAN, ALICIA L**  
 STREET ADDRESS **2451 N MCMULLEN BOOTH RD STE 315**  
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☐ Delete  
 NAME **UNARDOS, GEORGE**  
 STREET ADDRESS **2701 N ROCKY PT DR STE 700**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition  
 NAME **George Linardos**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☐ Delete  
 NAME **YOUNG, JAMES M**  
 STREET ADDRESS **5408 BAY STATE RD**  
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☐ Delete  
 NAME **MULLIN, BRUCE**  
 STREET ADDRESS **1605 MAIN STREET STE 400**  
 CITY-ST-ZIP **SARASOTA FL 34230**

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

TITLE **DVP** ☐ Delete  
 NAME **SHIPLEY, GLENN**  
 STREET ADDRESS **1515 RINGLING BLVD**  
 CITY-ST-ZIP **SARASOTA FL 34236**

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:

*Signature Required*

**1-8-02**

**813-218-5012**

CR2E037 (9/01)