

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732902

1. Entity Name

THE TAMPA BAY ESTATE PLANNING COUNCIL, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90027 026 ****61.25

Principal Place of Business P O BOX 17855 TAMPA FL 33682	Mailing Address P O BOX 17855 TAMPA FL 33682-7855
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DO NOT WRITE IN THIS SPACE

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 51-0173888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIES, LINDA A
4830 W KENNEDY BLVD
#800
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **PHILLIP A. BAUMANN**
 Street Address (P.O. Box Number is Not Acceptable)
100 N. TAMPA
SUITE 1900
 City **TAMPA** **FL** Zip Code **33602**

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** **1/7/00**
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELMONTE, KATHLEEN J 101 E. KENNEDY BLVD. TAMPA FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, V. JEAN 811-D CYPRESS VILLAGE BLVD RUSKIN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUSHALL, FORREST J 707 AZEELE ST TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMIETANSKI, DEBRA K 100 N TAMPA ST TAMPA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROMBETTA, CHRISTOPHER J 100 SECOND AVE S #606 ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOEB, LEE M. 509 HYDE PARK AVE TAMPA FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGE J. BAXTER 4950 W. KENNEDY BLVD. #250 TAMPA FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIP A. BAUMANN 100 N. TAMPA #1900 TAMPA FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDA A. FRIES 4830 W. KENNEDY #800 TAMPA FL <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: **X** **1/7/00** **813-223-9395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #