

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90024 011 ****61.25

DOCUMENT # 732902

1. Entity Name

THE TAMPA BAY ESTATE PLANNING COUNCIL, INC.

Principal Place of Business

Mailing Address

P O BOX 17855
 TAMPA FL 33682

P O BOX 17855
 TAMPA FL 33682

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAXTER, GEORGE J.
4950 W KENNEDY BLVD.
SUITE 250
TAMPA FL 33609

Name **Michael Barton**

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

100 S Ashley
Suite 1000

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

MICHAEL V. BARTON, TREASURER

1/11/2002

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: **PD** Delete
 NAME: **BELMONTE, KATHLEEN J**
 STREET ADDRESS: **101 E. KENNEDY BLVD.**
 CITY-ST-ZIP: **TAMPA FL 33602**

TITLE: **D** Change Addition
 NAME: **ARNOLD, JR, LYNWOOD F.**
 STREET ADDRESS: **400 N. TAMPA STREET #2450**
 CITY-ST-ZIP: **TAMPA FL 33602**

TITLE: **TD** Delete
 NAME: **BAXTER, GEORGE J**
 STREET ADDRESS: **4950 W KENNEDY BLVD #250**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **VD** Change Addition
 NAME: **BAUMANN, PHILLIP A**
 STREET ADDRESS: **100 N TAMPA #1900**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **SD** Delete
 NAME: **BARTON, MICHAEL**
 STREET ADDRESS: **100 S ASHLEY SUITE 1000**
 CITY-ST-ZIP: **TAMPA FL 33602**

TITLE: **TD** Change Addition
 NAME: **HOUGH, JAMES D**
 STREET ADDRESS: **1111 OAKFIELD SUITE 101**
 CITY-ST-ZIP: **BRANDON FL 33511**

TITLE: **VD** Delete
 NAME: **BAUMANN, PHILLIP A**
 STREET ADDRESS: **100 N TAMPA #1900**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **SD** Change Addition
 NAME: **FRIES, LINDA A**
 STREET ADDRESS: **4830 W KENNEDY SUITE 800**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **D** Delete
 NAME: **HOUGH, JAMES D**
 STREET ADDRESS: **1111 OAKFIELD SUITE 101**
 CITY-ST-ZIP: **BRANDON FL 33511**

TITLE: **PD** Change Addition
 NAME: **FRIES, LINDA A**
 STREET ADDRESS: **4830 W KENNEDY SUITE 800**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **VD** Delete
 NAME: **FRIES, LINDA A**
 STREET ADDRESS: **4830 W KENNEDY SUITE 800**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **PD** Change Addition
 NAME: **FRIES, LINDA A**
 STREET ADDRESS: **4830 W KENNEDY SUITE 800**
 CITY-ST-ZIP: **TAMPA FL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

MICHAEL V. BARTON

1/11/2002

813-276-6184

Date Daytime Phone #

CR2E037 (9/01)