

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733691

1. Entity Name

SPINA BIFIDA ASSOCIATION OF TAMPA, INC.

Principal Place of Business

Mailing Address

7006 FERN CT  
TAMPA FL 33634  
US

PO BOX 151038  
TAMPA FL 33684-1038  
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

59-0187750

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

~~BURKE, KENNETH E.~~ Steve Lawhorne  
~~7006 FERN COURT~~ 5601 N. 19th St.  
~~TAMPA FL~~ Zephyrhills, FL 33540

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

Ruth Kaiser

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	P	<input checked="" type="checkbox"/> Delete
NAME	CAWHORNE, STEVE	
STREET ADDRESS	P.O. BOX 1026	
CITY-ST-ZIP	ZEPHYRHILLS FL 33539	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURKE, SANDRA G	
STREET ADDRESS	7006 FERN CT.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	RS	
NAME	BEHRENS, BARBARA	
STREET ADDRESS	9348 90TH TERR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CICCARELLO, SARA	
STREET ADDRESS	1420 E. MOHAWK	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CICCARELLO, PETER	
STREET ADDRESS	1420 E. MOHAWK	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORE, DIANE	
STREET ADDRESS	1609 S. FORBES RD.	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawhorne, Steve	
STREET ADDRESS	5601 N. 19th St	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeCarlo, Penny	
STREET ADDRESS	2873 Cinnamon Bear Tr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Kaiser	
STREET ADDRESS	7401 Dormant Loop	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Ruth Kaiser 2-29-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90043 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)