

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90063 047 \*\*\*\*61.25

**DOCUMENT # 733691**

1. Entity Name

**SPINA BIFIDA ASSOCIATION OF TAMPA BAY, INC.**

Principal Place of Business

**11609 S FORBES ROAD  
 PLANT CITY FL 33567  
 US**

Mailing Address

**PO BOX 151038  
 TAMPA FL 33684  
 US**

2. Principal Place of Business

**1609 S. Forbes Rd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Plant City, FL**

City & State

Zip

**33567**

Country

**Hillsborough**

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GORE, DIANNI  
 7609 S FORBES ROAD  
 PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name

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

**1609 S. Forbes Rd**

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

- 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAWHORNE, STEVE</b>	
STREET ADDRESS	<b>5601 N 19TH ST</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, LAURIE</b>	
STREET ADDRESS	<b>6331 NIKKI LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>RS</b>	<input type="checkbox"/> Delete
NAME	<b>BEHRENS, BARBARA</b>	
STREET ADDRESS	<b>9348 90TH TERR</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KAISER, RUTH</b>	
STREET ADDRESS	<b>7401 DORMANY LOOP</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CICCARELLO, PETER</b>	
STREET ADDRESS	<b>1420 E. MOHAWK</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GORE, DIANE</b>	
STREET ADDRESS	<b>1609 S. FORBES RD.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Behrens, Chris</b>	
STREET ADDRESS	<b>4520 76th Ave. N, Apt. 5</b>	
CITY-ST-ZIP	<b>Pinellas Park, FL 33781</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larson, Wendy</b>	
STREET ADDRESS	<b>4520 76th Ave. N, Apt. 5</b>	
CITY-ST-ZIP	<b>Pinellas Park, FL 33781</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Schwartz, Laurie</b>	
STREET ADDRESS	<b>6331 Nikki Ln</b>	
CITY-ST-ZIP	<b>Tampa, FL 33625</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kaiser, Ruth</b>	
STREET ADDRESS	<b>7401 Dormany Loop</b>	
CITY-ST-ZIP	<b>Plant City, FL 33565</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S. Ciccarello, Sara</b>	
STREET ADDRESS	<b>1420 E. Mohawk</b>	
CITY-ST-ZIP	<b>Tampa, FL 33604</b>	
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:** *Laurie Schwartz* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-02**

**813-265-1670**

Date

Daytime Phone #

CR2E037 (9/01)