

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90517 014 ****61.25

DOCUMENT # 733691

1. Entity Name
SPINA BIFIDA ASSOCIATION OF TAMPA BAY, INC.



Principal Place of Business

**1609 S. FORBES RD.
PLANT CITY FL 33567
US**

Mailing Address

**PO BOX 151038
TAMPA FL 33684
US**

11017822



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GORE, DIANNI
2609 S. FORBES RD.
PLANT CITY FL 33567**

Name **Gore, Dianne**
Street Address (P.O. Box Number is Not Acceptable)
1609 S. Forbes Rd.
City **Plant City** **FL** Zip Code **33567**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BEHRENS, CHRIS	
STREET ADDRESS	4520 76TH AVE. N APT. 5	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LAURIE	
STREET ADDRESS	6331 NIKKI LANE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	RS	<input type="checkbox"/> Delete
NAME	BEHRENS, BARBARA	
STREET ADDRESS	9348 90TH TERR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAISER, RUTH	
STREET ADDRESS	7401 DORMANY LOOP	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	CICCARELLO, PETER	
STREET ADDRESS	1420 E. MOHAWK	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	P	<input type="checkbox"/> Delete
NAME	GORE, DIANE	
STREET ADDRESS	1609 S. FORBES RD.	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawhorn, Steve	
STREET ADDRESS	5601 N. 19th St.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ciccarello, Sara	
STREET ADDRESS	1420 E. Mohawk	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larson, Wendy	
STREET ADDRESS	4520 7th Ave. N. Apt 5	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	RS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Behrens, Barbara	
STREET ADDRESS	9348 90th Terr	
CITY-ST-ZIP	Seminole, FL 33777	
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: Laurie Schwartz **Schwartz** 4/24/03 813-265-1670

CR2E037 (10/02)