

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0039418

DOCUMENT # 741920

1. Entity Name

FLORIDA TELECOMMUNICATIONS ASSOCIATION, INC.

04-01-2002 90039 039 ****61.25

Principal Place of Business

501 POLK ST STE 680
 PO BOX 1776
 TAMPA FL 33602

Mailing Address

PO BOX 1776
 PO BOX 1776
 TAMPA FL 33601
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3054862

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

CAROL A COFFEY
360 CENTRAL AVE
ST PETERSBURG FL 33701

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

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 **SD** ☒ Delete
 NAME **BECK, SANDRA**
 STREET ADDRESS **14840 49TH ST N**
 CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE **S** ☐ Change ☒ Addition
 NAME **Debra Anderson**
 STREET ADDRESS **16313 N. Dale Mabry Hwy**
 CITY-ST-ZIP **Tampa, FL 33618**

TITLE **PO** ☒ Delete
 NAME **OTTE, RAY**
 STREET ADDRESS **P.O. BOX 272000**
 CITY-ST-ZIP **TAMPA FL 33688**

TITLE **P** ☐ Change ☒ Addition
 NAME **Steve Miller**
 STREET ADDRESS **7551 Cumberland Rd #8**
 CITY-ST-ZIP **Seminole, FL 33777**

TITLE **VO** ☒ Delete
 NAME **MILLER, STEVE**
 STREET ADDRESS **100 2ND AVE S STE 500 S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **V** ☐ Change ☒ Addition
 NAME **Sandra Beck**
 STREET ADDRESS **14840-49th St. N.**
 CITY-ST-ZIP **Clearwater, FL 34622**

TITLE **D** ☐ Delete
 NAME **HAMMOND POWERS**
 STREET ADDRESS **925 E TWIGGS ST**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LARSON, BETSY**
 STREET ADDRESS **880 CARILLON PARKWAY**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **P** ☐ Change ☒ Addition
 NAME **Lois Klimeck**
 STREET ADDRESS **5501 W. GRAY ST**
 CITY-ST-ZIP **Tampa, FL 33609-1007**

TITLE **TD** ☐ Delete
 NAME **CAROL A COFFEY**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **T** ☒ Change ☐ 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:

Carol A. Coffey **Carol A. Coffey** (727) 803-4050
 3-21-02

CR2E037 (9/01)