

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90046 006 ****61.25

DOCUMENT # 746199

1. Entity Name

FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.

Principal Place of Business

Mailing Address

106 N BRONOUGH ST.
TALLAHASSEE FL 32301
US

P O BOX 10209
TALLAHASSEE FL 32302
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

59-1918055

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

CALABRO, DOMINIC M.
106 N BRONOUGH ST.
TALLAHASSEE FL 32301

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	SINK, ADELAIDE A	
STREET ADDRESS	50 N. LAURA ST 42 FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PDCE (President & CEO & Trustee)	☐ Delete
NAME	CALABRO, DOMINIC M	
STREET ADDRESS	106 N. BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	CED	☒ Delete
NAME	HOLLIS, MARK C	
STREET ADDRESS	1936 GEORGE JENKINS BLVD.	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	TD	☒ Delete
NAME	O'TOOLE, WILLIAM A	
STREET ADDRESS	P.O BOX 10000 N/A	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	CD	☒ Delete
NAME	LACHER, JOSEPH P	
STREET ADDRESS	150 W FLAGLER ST SUITE 1901	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	CED	☒ Delete
NAME	O'NEAL, DOUGLAS T	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	STEVE EVANS (CD)	☐ Change ☒ Addition
NAME	101 N. MONROE, SUITE 750	
STREET ADDRESS	TALLAHASSEE FL 32301	
CITY-ST-ZIP		
TITLE	HOYT R. BARNETT (CD)	☐ Change ☒ Addition
NAME	1936 GEORGE JENKINS BLVD.	
STREET ADDRESS	LAKELAND, FL 33801	
CITY-ST-ZIP		
TITLE	MIKE JENNINGS (TD)	☐ Change ☒ Addition
NAME	701 SAN MARCO BLVD, 244 FLR.	
STREET ADDRESS	JACKSONVILLE FL 32231	
CITY-ST-ZIP		
TITLE	ROBERT W. HELMS (SD)	☐ Change ☒ Addition
NAME	225 WATER STREET, 11th FLR.	
STREET ADDRESS	JACKSONVILLE, FL 32231	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

(Signature of Dominic M. Calabro)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dominic M. Calabro/Jan. 22, 2002/ (FSO) 222-5052

Date

Daytime Phone #

CR2E037 (9/01)