

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90199 032 ****61.25

DOCUMENT # 746199

1. Entity Name
FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.



Principal Place of Business

**106 N BRONOUGH ST
TALLAHASSEE FL 32301
US**

Mailing Address

**P O BOX 10209
TALLAHASSEE FL 32302
US**

90024619



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1918055**

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

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

7. Name and Address of New Registered Agent

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

SIGNATURE

Dominic M. Calabro / President & Chief Executive Officer 2/5/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **EVANS, STEVE**
STREET ADDRESS **101 N MONROE SUITE 750-**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PCEO** ☐ Delete
NAME **CALABRO, DOMINIC M**
STREET ADDRESS **106 N. BRONOUGH ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **CEO** ☐ Delete
NAME **BARNET, HOYT R**
STREET ADDRESS **1938 GEORGE JENKINS BLVD.**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **TD** ☐ Delete
NAME **JENNINGS, MIKE**
STREET ADDRESS **701 SAN MARCO BLVD 12TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32231**

TITLE **SD** ☐ Delete
NAME **HELMS, ROBERT W**
STREET ADDRESS **22 S WATER STREET 11TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1650 LAKESIDE BLDG., SUITE 104**
CITY-ST-ZIP **1650 Summit LAKE DR. 32317**

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

TITLE ☒ Change ☐ Addition
NAME **BARNETT**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **225 WATER ST - 11TH FLR.**
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:

Dominic M. Calabro / President & Chief Executive Officer 2/5/2003

Date

Daytime Phone #

CR2E037 (10/02)