

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90007 043 ****61.25

DOCUMENT # 759979

1. Entity Name

BIG BROTHERS/BIG SISTERS OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

405 N REO ST., #260
 TAMPA FL 33609

405 N REO ST., #260
 TAMPA FL 33609-1064



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

59-2173085

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

GOODE, JAMES E., EXECUTIVE DIRECTOR
405 N. REO ST., #260
TAMPA FL 33609

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

N/A

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input checked="" type="checkbox"/> Delete NAME: KOCH, STEPHEN STREET ADDRESS: 11601 ROOSEVELT BLVD. CITY-ST-ZIP: ST PETERSBURG FL 33716	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Board President STREET ADDRESS: Stephen Koch CITY-ST-ZIP: 7775 Harbour Island Blvd #200 Tampa, FL 33602
TITLE: <input checked="" type="checkbox"/> Delete NAME: JOHNSON, LORIEN SMITH STREET ADDRESS: 4304 W. CORONA CITY-ST-ZIP: TAMPA FL 33629	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Board Vice-President STREET ADDRESS: Ron Broadrick CITY-ST-ZIP: 2620 Hunt Road Land O' Lakes, FL 34639
TITLE: <input checked="" type="checkbox"/> Delete NAME: RUDOLPH, KIM STREET ADDRESS: 4100 BOY SCOUT BLVD. CITY-ST-ZIP: TAMPA FL 33607	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Board Treasurer STREET ADDRESS: Yvonne LaPlante CITY-ST-ZIP: 201 E. Kennedy Blvd #1200 Tampa, FL 33602
TITLE: <input type="checkbox"/> Delete NAME: STEFAN, JAMES STREET ADDRESS: 306 E. JACKSON CITY-ST-ZIP: TAMPA FL 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: GOODE, JAMES E. STREET ADDRESS: 405 N. REO ST. #260 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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:

James E. Goode
JAMES E. GOODE

4/19/00 (813) 287-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #