

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91553 024 ****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

C0068477



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

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	VD	<input type="checkbox"/> Delete
NAME	KOCH, STEPHEN	
STREET ADDRESS	11601 ROOSEVELT BLVD.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LORIEN SMITH	
STREET ADDRESS	4304 W CORONA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, KIM	
STREET ADDRESS	4100 BOY SCOUT BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEFAN, JAMES	
STREET ADDRESS	306 E. JACKSON	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	ED	<input type="checkbox"/> Delete
NAME	GOODE, JAMES E.	
STREET ADDRESS	405 N. REO ST. #260	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koch, Stephen	
STREET ADDRESS	201 N. Franklin, #3010	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Broadrick, Ron	
STREET ADDRESS	2620 Hunt Road	
CITY-ST-ZIP	Land O'Lakes, FL 34639	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laplante, Yvonne	
STREET ADDRESS	201 E. Kennedy #1200	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spalding, Catherine	
STREET ADDRESS	8745 Henderson Road	
CITY-ST-ZIP	Tampa, FL 33634	
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: *[Signature]*

5/14/01 813-287-2210

CR2E037 (10/00)