
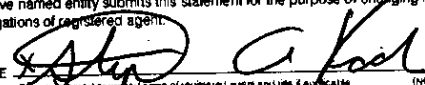
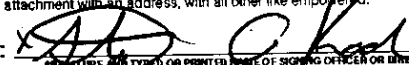


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 759979		
1. Entity Name BIG BROTHERS/BIG SISTERS OF TAMPA BAY, INC.		
Principal Place of Business 405 N. REO STREET SUITE 260 TAMPA, FL 33609	Mailing Address 405 N. REO STREET SUITE 260 TAMPA, FL 33609	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country
4. FEI Number 59-2173085		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRAUGHTON, W. DAVID CEO 460 N. REO STREET SUITE 260 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Stephen Koch Street Address (P.O. Box Number Is Not Acceptable) 405 N. Reo Street, Suite 260 City Tampa FL Zip Code 33609
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  DATE 5-05-03 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when institutional)</small>		
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME BROADRICK, RON STREET ADDRESS 2620 HUNT ROAD CITY-ST-ZIP LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE President NAME Todd Chaney STREET ADDRESS P.O. Box 407 CITY-ST-ZIP Lakeland, FL 33802
TITLE VPD NAME KIRKPATRICK, WREDE STREET ADDRESS 501 E. KENNEDY BLVD. -SUITE 1700 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE Vice President NAME Linda Allen STREET ADDRESS 10420 Highland Manor Dr. -5th Floor CITY-ST-ZIP Tampa, FL 33610
TITLE VPD NAME SILING, JANE STREET ADDRESS 411 N. FRANKLIN STREET CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Danielle Kanaski STREET ADDRESS 201 E. Kennedy Blvd. # 1200 CITY-ST-ZIP Tampa, FL 33602
TITLE VPD NAME WILLARD, SUZY STREET ADDRESS 6307 FOX HUNT DRIVE CITY-ST-ZIP WESLEY CHAPLE, FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD NAME RUDOLPH, KIM STREET ADDRESS 4100 BOY SCOUT BLVD. CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE 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 employees.		
SIGNATURE: 		Date 5-5-03 (813) 287-2210 <small>Daytime Phone #</small>

CRF037 (10/02)