

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764205

1. Entity Name

EXECUTIVE SERVICE CORPS OF TAMPA BAY, INC.

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90222 027 \*\*\*\*61.25

Principal Place of Business

134 SOUTH TAMPA STREET  
TAMPA FL 33602  
US

Mailing Address

1411 WEST SHORE BLVD  
SUITE 213  
TAMPA FL 33607-4529  
US

2. Principal Place of Business

1411 N. Westshore Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#213

City & State

Tampa FL

City & State

Zip 33607

Country USA

Zip

Country

4. FEI Number

58-1483906

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HALE, ROBERT G  
1411 N. WESTSHORE BLVD., #213  
TAMPA FL 33607

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

TITLE PD  
NAME CALLAHAN, FRANK  
STREET ADDRESS PO BOX 10655  
CITY-ST-ZIP TAMPA FL 33679

☐ Delete

TITLE TD  
NAME FIRDORFF, ROBERT  
STREET ADDRESS 14306 KELLINGREW PL  
CITY-ST-ZIP TAMPA FL 33624

☐ Delete

TITLE VD  
NAME TABONE, DONALD J  
STREET ADDRESS 4137 SALTWATER BLVD  
CITY-ST-ZIP TAMPA FL 33615

☐ Delete

TITLE D  
NAME BERTELSTEIN, GAYLE  
STREET ADDRESS 5110 LONGFELLOW AVE  
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE DHanlon  
NAME HANLON, DAVE  
STREET ADDRESS PO BOX 3324  
CITY-ST-ZIP TAMPA FL 33601

☐ Delete

TITLE CD  
NAME FREUNDLICH, AUGUST  
STREET ADDRESS 18407 TIMBERLAN DR  
CITY-ST-ZIP LUTZ FL 33549

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

Frank T. Callahan

4/15/02 813-281-2447

CR2E037 (9/01)