

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90462 001 ****61.25

DOCUMENT # 764205

1. Entity Name
EXECUTIVE SERVICE CORPS OF TAMPA BAY, INC.



Principal Place of Business
**1411 N. WESTSHORE BLVD.
#213
TAMPA FL 33607
US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1483906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **FIRDORFF, ROBERT**
STREET ADDRESS **14306 Kellingrew Pl**
CITY-ST-ZIP **TAMPA FL 33624**

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

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

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

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

TITLE **D** ☐ Delete
NAME **HONLON, DAVE**
STREET ADDRESS **PO BOX 3324**
CITY-ST-ZIP **TAMPA FL 33601**

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

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

TITLE **TD** ☐ Change ☐ Addition
NAME **FREUNDLICH, AUGUST**
STREET ADDRESS **18407 TIMBERLAN DR**
CITY-ST-ZIP **LUTZ FL 33549**

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 Callahan **REQUIRED**

4/23/03

813-767-1694

CR2E037 (10/02)