

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

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90543 001 \*\*\*\*\*8.25  
05-29-2003 90543 002 \*\*\*\*\*61.25

**DOCUMENT # 769212**

1. Entity Name  
**DIGNITY-TAMPA BAY, INC.**



Principal Place of Business

P.O. BOX 24806  
TAMPA FL 33623-4806  
US

Mailing Address

P.O. BOX 24806  
TAMPA FL 33623-4806  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2537035**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, STEPHEN A.**  
**201 NORTH FRANKLIN STREET**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, STEVE	
STREET ADDRESS	6100 BAHIA DEL MAR CIRCLE #105	
CITY-ST-ZIP	ST PETERSBURG FL 33715-2350	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOTYKA, RON	
STREET ADDRESS	660 ROSER PARK DRIVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33701-5218	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ASSELTA, TONY	
STREET ADDRESS	6910 INTERBAY BLVD #37	
CITY-ST-ZIP	TAMPA FL 33616-2639	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARKABUS, ROBERT J	
STREET ADDRESS	11332 STRATTON PARK DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617-2390	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, ALAN	
STREET ADDRESS	512 HOLLYHOCK LANE	
CITY-ST-ZIP	SPRING HILL FL 34606-5737	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, CHUCK	
STREET ADDRESS	5115 17TH AVENUE EAST	
CITY-ST-ZIP	TAMPA FL 33619-2413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Lee Valenti	
STREET ADDRESS	2002 Australia Way E. Apt. 30	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITTY SMITH	
STREET ADDRESS	1847 BONITA WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN DUNN	
STREET ADDRESS	2517 REGAL RIVER RD VALERIO FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED BRUEGGEMAN	
STREET ADDRESS	2051 LASSEN AVE	
CITY-ST-ZIP	NEW PORT RICHEN FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Mary Lee Valenti*

4/1/03

927-738-3000 x4167

CR2E037 (10/02)