

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90053 042 \*\*\*150.00

**DOCUMENT # G42446**

**1. Entity Name**  
**KETCHEY HORAN, P.A.**

**Principal Place of Business**

**100 NORTH TAMPA STREET**  
**SUITE 1900**  
**TAMPA FL 33602**  
**US**

**Mailing Address**

**100 N TAMPA ST. #1900**  
**P O BOX 500**  
**TAMPA FL 33601-7500**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**100 S. Ashley Drive**  
**Suite 1500**

**3. Mailing Address**

**100 S. Ashley Drive #1500**  
**PO Box 500**

**City & State**

**Tampa, FL**

**City & State**

**Tampa, FL**

**4. FEI Number**

**59-2292111**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KETCHEY, CHARLES F., JR.**  
**100 N TAMPA ST**  
**STE 1900**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

**Name**

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

**100 S. Ashley Drive**  
**Suite 1500**

**City**  
**Tampa**

**FL**

**Zip Code**

**33602**

**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**

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.**  
☐ **(See criteria on back)**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HORAN, MICHAEL P</b>	
<b>STREET ADDRESS</b>	<b>761 BRIGHTWATERS BLVD NE</b>	
<b>CITY-ST-ZIP</b>	<b>ST. PETERSBURG FL</b>	
<b>TITLE</b>	<b>DVP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>NEUKAMM, JOHN B.</b>	
<b>STREET ADDRESS</b>	<b>2511 JETTON AVE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	
<b>TITLE</b>	<b>DPST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KETCHEY, CHARLES F JR</b>	
<b>STREET ADDRESS</b>	<b>902 FRANKLAND RD</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	
<b>TITLE</b>	<b>DV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BAUMANN, PHILLIP A</b>	
<b>STREET ADDRESS</b>	<b>2911 RUBIDEAUX</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

*Signature*  
**SIGNATURE REQUIRED**  
**President**

**1/18/02 (813) 223-7333**  
**Date Daytime Phone #**

CR2E034 (9/01)