

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001613

1. Entity Name

TAMPA BAY MEDICAL EDUCATION FOUNDATION, INC.

Principal Place of Business

5778 5TH AVE. N.  
ST. PETERSBURG FL 33710

Mailing Address

5778 5TH AVE. N.  
ST. PETERSBURG FL 33710

2. Principal Place of Business

9555 SEMINOLE BLVD.

Suite, Apt. #, etc.

# 204

City & State

SEMINOLE, FL.

Zip

33772

Country

USA

3. Mailing Address

9555 SEMINOLE BLVD.

Suite, Apt. #, etc.

# 204

City & State

SEMINOLE, FL

Zip

33772

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3639917

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

PERRIN, JOHN P ESQ  
8875 HIDDEN RIVER PKWY., STE. 300  
TAMPA FL 33637

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 NAME ☐ Delete  
DR. JOHN DECOSSA, II  
2178 Montrose Ave N.E.  
ST. PETERSBURG FL 33703-3546

TITLE NAME ☐ Delete  
SECRETARY - D  
DR. ANDREW GROSS  
9555 SEMINOLE BLVD. SUITE 204  
SEMINOLE, FL 33772

TITLE NAME ☐ Delete  
TREASURER - D  
DR. MARK RITCH  
13757 Baker Rd. S. Suite 310  
Largo FL 33771

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/1

Date

727-593-2224

Daytime Phone #

CR2E037 (10/00)