

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002762**

1. Entity Name

FLORIDA TASK FORCE FOR THE PROTECTION OF ABUSED**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90009 019 ****70.00

Principal Place of Business

2909 W. BAY TO BAY BLVD., STE. 403
TAMPA FL 33629

Mailing Address

2909 W. BAY TO BAY BLVD., STE. 403
TAMPA FL 33629

2. Principal Place of Business

8100 Park Blvd.

3. Mailing Address

P.O. Box 2033

Suite, Apt. #, etc.

B - 3

Suite, Apt. #, etc.

City & State

Pinellas Park, Fl.

City & State

Pinellas Park, Fl.

4. FEI Number

59 - 3641023

Applied For

Not Applicable

Zip

33781

Country

Pinellas

Zip

33780

Country

Pinellas

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

6. Name and Address of Current Registered Agent

TAYLOR, J. SCOTT
2909 W. BAY TO BAY BLVD., STE. 403
TAMPA FL 33629

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.

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 \$61.259. 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 ☐ Delete
NAME D
STREET ADDRESS HUSKEY, MARGARET
CITY-ST-ZIP 7640 92ND ST. N., APT. 203E
LARGO FL 33777TITLE ☐ Delete
NAME D
STREET ADDRESS TOMKINS, DAVID
CITY-ST-ZIP 13104 93RD AVE. N.
SEMINOLE FL 33776TITLE ☐ Delete
NAME D
STREET ADDRESS LOOMIS, TRACY
CITY-ST-ZIP 10253 WOODFORD BRIDGE ST.
TAMPA FL 33626TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Swyers, Robert
CITY-ST-ZIP 189 - 144 Ave.
Maderia Beach, Fl. 33708TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: David A. Tomkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

727-546-0299

Daytime Phone #

CR2E037 (10/00)