

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003107

1. Entity Name

AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTE

Principal Place of Business

2910 24TH AVE  
TAMPA FL 33605

Mailing Address

2910 24TH AVE  
TAMPA FL 33605

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

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

ANDERSON, FLETCHER  
2910 24TH AVE  
TAMPA FL 33605

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

*Fletcher Anderson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-6-01

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D ANDERSON, FLETCHER	<input type="checkbox"/> Delete
STREET ADDRESS	2910 24TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE NAME	D GALLMON, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	4213 E LOUISIANA	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE NAME	D ANDERSON, PAULETTE	<input type="checkbox"/> Delete
STREET ADDRESS	5711 TROY CT, APT 104	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Stephanie Grant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4714 N. Habana #203	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE NAME	D Leatrice Byrd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2113 W. Kathleen St.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Fletcher Anderson* 7-6-01 (813) 241-4894

FILED  
Jul 10, 2001 8:00 am  
Secretary of State

03-19-2001 90029 006 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)