

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90717 016 \*\*\*\*70.00

**DOCUMENT # N00000003660**

1. Entity Name

**NONPROFIT RESOURCE CENTER OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

4137 SALTWATER BLVD  
TAMPA FL 33615

4137 SALTWATER BLVD  
TAMPA FL 33615

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

**59-3686132**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fees Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TABONE, DONALD J**  
**4137 SALTWATER BLVD**  
**TAMPA FL 33615**

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 \$61.25**

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  Delete  
 NAME **D**  
 STREET ADDRESS **TABONE, DONALD J**  
 CITY-ST-ZIP **4137 SALTWATER BLVD**  
**TAMPA FL 33615**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **SHARON MILLER**  
 CITY-ST-ZIP **10414 E. COLUMBUS DRIVE**  
**TAMPA FL 33619**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **DELUCIA, FRANK**  
 CITY-ST-ZIP **2735 WHITNEY RD**  
**CLEARWATER FL 33758**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **ELIZABETH RUGG**  
 CITY-ST-ZIP **9800 4TH STREET N. #206**  
**ST. PETERSBURG FL 33702**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MCCABE, DIANE**  
 CITY-ST-ZIP **PO BOX 2056**  
**DADE CITY FL 33526**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **DOUG TOWNE**  
 CITY-ST-ZIP **1130 94TH AVE. NORTH**  
**ST. PETERSBURG FL 33702**

TITLE  Delete  
 NAME **DS**  
 STREET ADDRESS **DICKMAN, RON**  
 CITY-ST-ZIP **1855 HIGHLAND AVE S**  
**CLEARWATER FL 33756**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **KAREN RYALS**  
 CITY-ST-ZIP **2215 E. HENRY AVE**  
**TAMPA FL 33610**

TITLE  Delete  
 NAME **DT**  
 STREET ADDRESS **MCKINNEY, MIKE**  
 CITY-ST-ZIP **14706 DAYBREAK DR**  
**LUTZ FL 33549**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **BETSEY MCFARLAND**  
 CITY-ST-ZIP **1411 N. WESTSHORE BLVD**  
**TAMPA FL 33607**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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:

*(Signature)*  
**REQUIRED**

4-23-2001

813 249-7615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

PLEASE BE ADVISED THAT THE INFORMATION WRITTEN BELOW, IN RED, CORRECTS THE MISSTATEMENT OF OFFICERS/DIRECTORS IN THE DOCUMENT # N00000003660.

THERE HAVE BEEN NO CHANGES OF THE INDIVIDUAL OFFICERS AND DIRECTORS, WHO'S TITLES, WERE INCLUDED CORRECTLY IN THE FILING OF THE ARTICLES OF INCORPORATION.

THE INSTRUCTIONS ON THE BACKSIDE OF THE 2001 UNIFORM BUSINESS REPORT (UBR) DO NOT CLEARLY STATE HOW SUCH AN ERROR CAN BE HANDLED.

THE ADDITIONAL DIRECTORS, NONE OF WHICH ARE OFFICERS, HAVE BEEN INCLUDED IN BLOCK 11, CONSISTENT WITH THE INSTRUCTIONS.

WE TRUST THAT THIS INFORMATION IS ACCEPTABLE, GIVEN THE CIRCUMSTANCES.

THANK YOU FOR YOUR CONSIDERATION.

*Attachment*

#N00000003660  
759435

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P TABONE, DONALD J 4137 SALTWATER BLVD TAMPA FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ✓ DELUCIA, FRANK 2735 WHITNEY RD CLEARWATER FL 33758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ✓ MCCABE, DIANE PO BOX 2056 DADE CITY FL 33526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DICKMAN, RON 1855 HIGHLAND AVE S CLEARWATER FL 33758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKINNEY, MIKE 14706 DAYBREAK DR LUTZ FL 33549 <input type="checkbox"/> Delete