

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90103 004 ****61.25

DOCUMENT # N00000006292

1. Entity Name

MANAGEMENT ASSISTANCE PROGRAM, INC.

Principal Place of Business

Mailing Address

1111 N. WESTSHORE BLVD.
 SUITE 215
 TAMPA FL 33607-4711

1111 N. WESTSHORE BLVD.
 SUITE 215
 TAMPA FL 33607-4711

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

59-3671047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSEN, ANN
MANAGEMENT ASSISTANCE PROGRAM, INC.
1111 N. WESTSHORE BLVD., SUITE 215
TAMPA FL 33607-4711

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**
ALANDER, ROSS
 STREET ADDRESS **1406 S. NANCE AVENUE**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE Change Addition
 NAME **SD**
NIXON, ROBERT I., DR.
 STREET ADDRESS **14158 FENNSBURY DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE Delete
 NAME **TD**
CLARK, JOSEPH W
 STREET ADDRESS **100 N. STARCREST DRIVE, SUITE 202**
 CITY-ST-ZIP **CLEARWATER FL 33785**

TITLE Change Addition
 NAME **VD**
PINZON, MARIA
 STREET ADDRESS **2700 N. MACDILL AVE. SUITE 106**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE Delete
 NAME **D**
CROWDER, SHEFFIELD
 STREET ADDRESS **2910 W. BAY TO BAY BLVD., SUITE 200**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
FURNARI, ALEXANDRA
 STREET ADDRESS **1205 E. 8TH AVENUE**
 CITY-ST-ZIP **TAMPA FL 33605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
KAPLAN, H. ROY DR.
 STREET ADDRESS **750-93RD AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE Change Addition
 NAME **PD**
KAPLAN, H. ROY DR.
 STREET ADDRESS **750 - 93RD AVE N.**
 CITY-ST-ZIP **St. Petersburg FL 33702**

TITLE Delete
 NAME **PD**
LIGHTER, JOANNE OLVERA
 STREET ADDRESS **19329 U.S. HIGHWAY 19, SUITE 100**
 CITY-ST-ZIP **CLEARWATER FL 37764**

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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

(727) 568-9333

Date

Daytime Phone #

CR2E037 (9/01)