

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90094 027 \*\*\*\*61.25

**DOCUMENT # N00000007733**

1. Entity Name

**TAMPA BAY PARALEGAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 2722  
 TAMPA FL 33601-2722

PO BOX 2722  
 TAMPA FL 33601-2722

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

**59-3693567**

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

**HOWARD, MICHAEL S**  
**305 EAST JACKSON STREET STE 302**  
**TAMPA FL 33602**

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 **DP** ☐ Delete  
 NAME **LEWIS, YVONNE M**  
 STREET ADDRESS **5340 54TH STREET NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MITCHELL, LEE ANN**  
 STREET ADDRESS **16825 HARRIER RIDGE PL**  
 CITY-ST-ZIP **LITHIA, FL 33547**

TITLE **DV** ☐ Delete  
 NAME **D'AVANZIO, DONNA**  
 STREET ADDRESS **7481-10TH STREET NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MEACHER, DONNA**  
 STREET ADDRESS **4104 COLUMNS CIR**  
 CITY-ST-ZIP **Seminole, FL 33772**

TITLE **DV** ☐ Delete  
 NAME **MERLIN, EMILY**  
 STREET ADDRESS **3227 W FIELDER STREET**  
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **MATHEWS, LESLIE** (See name correction)  
 STREET ADDRESS **6821 POTTS ROAD**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☒ Change ☐ Addition  
 NAME **MATTHEWS**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **QUIGLEY, JAY S**  
 STREET ADDRESS **6336 NEWTOWN CIR C-3**  
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4610 Autumnwind Ct**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D** ☐ Delete  
 NAME **JONES, ALAN**  
 STREET ADDRESS **10501 2ND WAY NORTH APT B**  
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

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 Matthew D**

1/15/02

813-229-8008

CR2E037 (9/01)