

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 025 ****61.25

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DOCUMENT # N00000007733

1. Entity Name

TAMPA BAY PARALEGAL ASSOCIATION, INC.



Principal Place of Business

PO BOX 2722
TAMPA FL 33601-2722

Mailing Address

PO BOX 2722
TAMPA FL 33601-2722

2. Principal Place of Business

P.O. Box 2840

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2840

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33601

Country

City & State

Tampa FL

Zip

33601

Country

4. FEI Number 59-3693567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name William F. Merlin, Sr.

Street Address (P.O. Box Number is Not Acceptable)

Gunn Merlin, PA

601 Bayshore Blvd., Ste. 800

City Tampa

FL

Zip Code

33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	☒ Delete
NAME	LEWIS, YVONNE M	
STREET ADDRESS	5340 54TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	DV	☒ Delete
NAME	D'AVANZIO, DONNA	
STREET ADDRESS	7481 10TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	DV	☒ Delete
NAME	MERLIN, EMILY	
STREET ADDRESS	3227 W FIELDER STREET	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DT	☒ Delete
NAME	MATTHEWS, LESLIE	
STREET ADDRESS	6821 POTTS ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DS	☒ Delete
NAME	QUIGLEY, JAY S	
STREET ADDRESS	4610 AUTUMN WIND CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	☒ Delete
NAME	JONES, ALAN	
STREET ADDRESS	10501 2ND WAY NORTH APT B	
CITY-ST-ZIP	ST PETERSBURG FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Change ☐ Addition
NAME	JAY QUIGLEY	
STREET ADDRESS	4610 AUTUMN WIND CT.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DV	☒ Change ☐ Addition
NAME	EMILY MERLIN-CLOSUIT	
STREET ADDRESS	3227 W. FIELDER ST.	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	DV	☒ Change ☐ Addition
NAME	LESLIE MATTHEWS	
STREET ADDRESS	6821 POTTS RD.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	DT	☒ Change ☐ Addition
NAME	LEE ANN MITCHELL	
STREET ADDRESS	16825 HARRIER RIDGE PL	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	DS	☒ Change ☐ Addition
NAME	HOLLEY BRENNAN	
STREET ADDRESS	401 EL GRICO DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	☒ Change ☐ Addition
NAME	JAN BROWN	
STREET ADDRESS	2413 BUCKHORN RUN DR.	
CITY-ST-ZIP	VALRICO, FL 33594	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03

813-879-6227

CR2E037 (10/02)