

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 00000008094**

1. Entity Name

Tampa Bay Alliance, Inc.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90128 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

6301 Memorial Highway

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3687023

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Philip Sheesley  
6302 Memorial Highway, Suite 102  
Tampa, FL 33615

7. Name and Address of New Registered Agent

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="radio"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ira Mandel, MD
STREET ADDRESS	6301 Memorial Highway, Suite 102
CITY-ST-ZIP	Tampa, FL 33615
TITLE	<input checked="" type="radio"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adam Smith
STREET ADDRESS	401 E. Jackson St., Suite 2100
CITY-ST-ZIP	Tampa, FL 33601
TITLE	<input checked="" type="radio"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Rugg
STREET ADDRESS	9800 4th Street N., Suite 206
CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	<input checked="" type="radio"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Sheesley
STREET ADDRESS	6301 Memorial Highway, Suite 102
CITY-ST-ZIP	Tampa, FL 33615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)