

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 00000008094

1. Entity Name
Tampa Bay Alliance, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

6301 Memorial Highway
Suite, Apt. #, etc.
Suite 102

Same as #2

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip 33615 Country USA

Zip

Country

4. FEI Number

59-3687023

Applied For

Not Applicable

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

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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director Change Addition
NAME Ira Mandel, MD
STREET ADDRESS
CITY-ST-ZIP 6301 Memorial Highway, Suite 102
Tampa, FL 33615

TITLE Director Change Addition
NAME Adam Smith
STREET ADDRESS
CITY-ST-ZIP 401 E. Jackson St., Suite 2100
Tampa, FL 33601

TITLE Director Change Addition
NAME Elizabeth Rugg
STREET ADDRESS
CITY-ST-ZIP 9800 4th Street N., Suite 206
St. Petersburg, FL 33702

TITLE Director Change Addition
NAME Philip Sheesley
STREET ADDRESS
CITY-ST-ZIP 6301 Memorial Highway, Suite 102
Tampa, FL 33615

TITLE Change Addition
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: *Philip Sheesley* PHILIP SHEESLEY, DIRECTOR 4-24-01 813-889-7527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)