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

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90228 046 ****61.25

DOCUMENT # N00000008094

1. Entity Name
TAMPA BAY ALLIANCE, INC.

Principal Place of Business	Mailing Address
5111 MEMORIAL HWY SUITE 102 TAMPA FL 33634	5111 MEMORIAL HWY SUITE 102 TAMPA FL 33634

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1000 N. ASHLEY DRIVE	1000 N. ASHLEY DRIVE
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33602 Country: USA	Zip: 33602 Country: USA

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	7. Name and Address of New Registered Agent
EISENSTADT, DEBORAH CPA<br~~5111 MEMORIAL HWY~~<br~~SUITE 100~~ TAMPA FL ~~33634~~	Name Street Address (P.O. Box Number is Not Acceptable): 13605 TWIN LAKES LN City: TAMPA FL Zip Code: 33624

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MANDEL, IRA G MD 6301 MEMORIAL HWY STE 102 TAMPA FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 9811 WEST PARK VILLAGE TAMPA, FL 33626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SHEESLEY, PHILIP 6301 MEMORIAL HWY STE 102 TAMPA FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREVOR SMITH 4234 FAIRWAY CR. TAMPA, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ADAM 401 E JACKSON STREET STE 2100 TAMPA FL 33601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MAURICIO ROSAS 118 WEST MOHAWK AVE. TAMPA, FL 33604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORBAN, BARBARA PHD 13201 BRUCE B DOWNS BLVD MDC 56 TAMPA FL 33612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR. DOUGLAS HOLT P.O. BOX. 5135 TAMPA, FL 33675-5135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUGG, ELIZABETH 9800 4TH ST N STE 206 SAINT PETERSBURG FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAY PERRIN, PHD 13201 BRUCE B. DOWNS BLVD - MDC-56 TAMPA, FL 33612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEDMAN, STEVE PHD 5700 SW 34TH STREET, STE. 323 GAINSVILLE FL 33608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 18907 Avenue Biarritz Lutz, FL 33558	☒ Change ☐ Addition

CR2E037 (10/02)

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: Jeffrey A. Hochberg RE JEFF HOCHBERG 04/14/03 (727) 785-0411