

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

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90042 032 ****61.25

DOCUMENT # N01000003389

1. Entity Name

TAMPA BAY PUBLIC RISK MANAGERS ASSOCIATION, INC.



Principal Place of Business
**1112 E. KENNEDY BOULEVARD
TAMPA FL 33602**

Mailing Address
**1112 E. KENNEDY BOULEVARD
TAMPA FL 33602**

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 **59-3744363**

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

**JORDAN-HOLMES, CLARK
1112 E. KENNEDY BOULEVARD
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. 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 **D** ☐ Delete
NAME **WEBB, DAVID M**
STREET ADDRESS **1101 CHANNELSIDE DRIVE**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **D** ☐ Delete
NAME **MURANO, DOMINICK**
STREET ADDRESS **400 S. FORT HARRISON ST., 3RD FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE **D** ☐ Delete
NAME **~~ACHIN, GEORGE~~ McNabb, Michael**
STREET ADDRESS **107 E. 7TH AVENUE**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Michael McNabb*

6/10/03 (80)274-5204

CR2E037 (10/02)

ATTACHMENT

90140019
NO 10000003389

FROM THE DESK OF:

6/10/03



MICHAEL J. McNABB
Administrative Support Services Manager
City of Tampa
102 E. 7th Avenue, Tampa, FL 33602

To whom it may concern:

I'm sorry this is being
sent after May 1, I thought
that our registered agent
had done this. Check is
enclosed, if there is a
late fee we will pay
this if necessary.

Thank you.

Michael J. McNabb