

FILED  
Apr 23, 2003 8:00 am  
Secretary of State

04-23-2003 90303 019 \*\*\*\*61.25

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

DOCUMENT # N02000009547

1. Entity Name  
**THE TEXT AND ACADEMIC AUTHORS ASSOCIATION  
FOUNDATION, INC.**



Principal Place of Business  
**UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG  
140 7 AVE S  
ST PETERSBURG, FL 33701**

Mailing Address  
**UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG  
140 7 AVE S  
ST PETERSBURG, FL 33701**

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

**33-1038509**

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

**PYNN, RONALD E  
UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG  
140 7 AVE S  
ST PETERSBURG, FL 33701**

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. 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's 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**

TITLE **D** ☐ Delete  
NAME **SULLIVAN, MICHAEL**  
STREET ADDRESS **9529 TRIPP**  
CITY-STATE-ZIP **OAK LAWN, IL 60453**

TITLE **D/P** ☐ Delete  
NAME **LENNIE, MICHAEL**  
STREET ADDRESS **SYMPHONY TOWERS BLDG 750 B ST STE 2500**  
CITY-STATE-ZIP **SAN DIEGO, CA 92101**

TITLE **D** ☐ Delete  
NAME **MOUNTAIN, LEE**  
STREET ADDRESS **4 LEAF TOWN CONDOS 5110 SAN FELIPE #107-W**  
CITY-STATE-ZIP **HOUSTON, TX 77056**

TITLE **D/S** ☐ Delete  
NAME **PYNN, RONALD E**  
STREET ADDRESS **UNISTY. OF S. FLA. ST PETE 140 7 AVE S**  
CITY-STATE-ZIP **ST PETERSBURG, FL 33701**

TITLE **D** ☐ Delete  
NAME **MCKEAGUE, PAT**  
STREET ADDRESS **1026 CHORRO STE 3**  
CITY-STATE-ZIP **SAN LUIS OBISPO, CA 93401**

TITLE **D/T** ☐ Delete  
NAME **WAKEFIELD, JOHN**  
STREET ADDRESS **UNISTY. OF N ALABAMA BOX 5208**  
CITY-STATE-ZIP **FLORENCE, AL 35632**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-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 Lennie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03**  
Date

Daytime Phone #

CR2E037 (10/02)