

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90211 004 ****70.00

DOCUMENT # N09357

1. Entity Name

TAMPA COLLEGE ALUMNI ASSOCIATION, INC.



Principal Place of Business

**2471 MCMULLEN-BOOTH ROAD
CLEARWATER FL 33759
US**

Mailing Address

**2471 MCMULLEN-BOOTH ROAD
CLEARWATER FL 33759
US**

2. Principal Place of Business

3012 U.S. Highway 301 North

3. Mailing Address

3012 U.S. Highway 301 North

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33619

Country

Zip

33619

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2515592**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Alan L. Heim

Street Address (P.O. Box Number is Not Acceptable)

26168 Willow Street

City

Brooksville

FL

Zip Code

34601

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 **Alan L. Heim Alan L. Heim Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 16, 2003

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	<input type="checkbox"/> Delete
NAME	BRAUN, ANDY	
STREET ADDRESS	2651 EXUMA WAY	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIGAND, TERESA L.	
STREET ADDRESS	11201 122 AVE N #119-B	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEIM, ALAN	
STREET ADDRESS	26168 WILLOW STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, DONALD	
STREET ADDRESS	924 WICKS DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, ROBERT	
STREET ADDRESS	8843 VOLUNTEER DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DANIEL	
STREET ADDRESS	4443 SADDLEWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, DANIEL	
STREET ADDRESS	1313 MEDINAH COURT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADE ANGEL	
STREET ADDRESS	1449 CLEARGLADES DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 2003

(352) 799-3741