

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90106 027 ****61.25

DOCUMENT # N10641

1. Entity Name

TAMPA BAY DEPRESSIVE AND MANIC DEPRESSIVE ASSOCI

Principal Place of Business

Mailing Address

4023 N ARMENIA AVE
SUITE 470
TAMPA FL 33607

4023 N ARMENIA AVE
SUITE 470
TAMPA FL 33694-0572

2. Principal Place of Business

16528 OLEY RIDGE CT

3. Mailing Address

P.O. Box 340572



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33624

U.S.A.

33694

U.S.A.

4. FEI Number

59-2521274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, SUSAN
16528 OLEY RIDGE CT.
TAMPA FL 33624

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.

SIGNATURE

Susan Shaw

SUSAN SHAW

January 07, 2000

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 TD
STREET ADDRESS MASSOLIO, JOHN C JR
CITY-ST-ZIP 3403 FOREST BRIDGE CIR
BRANDON FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS SHAW, SUSAN
CITY-ST-ZIP 16528 OLEY RIDGE CT
TAMPA FL

TITLE ☒ Delete
NAME VPD
STREET ADDRESS TAGGART, TERRY
CITY-ST-ZIP 2086 SUNSET GROVE LANE
CLEARWATER FL 33765

TITLE ☒ Delete
NAME SD
STREET ADDRESS TRILLING, JANE
CITY-ST-ZIP 17905 LEAR LAKE DRIVE
LUTZ FL

TITLE ☒ Delete
NAME D
STREET ADDRESS MASSOLIO, MARY J
CITY-ST-ZIP 3408 FOREST BRIDGE CIR
BRANDON FL

TITLE ☒ Delete
NAME VD
STREET ADDRESS WARREN, ERIK
CITY-ST-ZIP 1718 ROBIN ST.
AUBURNDALE FL 33823

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Delete
NAME VPD
STREET ADDRESS TRILLING, JANE
CITY-ST-ZIP 17905 CLEAR LAKE DRIVE
LUTZ, FL 33549

TITLE ☒ Change ☐ Delete
NAME SD
STREET ADDRESS VICTORIA ROBEY
CITY-ST-ZIP 5102 BELMERE PARKWAY #1106
TAMPA, FL 33624

TITLE ☒ Change ☐ Delete
NAME D
STREET ADDRESS MICHAEL SHEEHAN
CITY-ST-ZIP 3820 NORTHDAL BLVD #300B
TAMPA, FL 33624

TITLE ☒ Change ☐ Delete
NAME VPD
STREET ADDRESS RANDY HILLHOUSE
CITY-ST-ZIP 7001 INTERBAY BLVD #3166
TAMPA, FL 33616

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:

Susan Shaw SUSAN SHAW

01/07/00

813-878-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #