

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90066 020 ****61.25

DOCUMENT # N10641

1. Entity Name

TAMPA BAY DEPRESSIVE AND MANIC DEPRESSIVE ASSOCI

Principal Place of Business

Mailing Address

16528 OLEY RIDGE CT.
 TAMPA FL 33624

PO BOX 340572
 TAMPA FL 33694

2. Principal Place of Business

16528 OLEY RIDGE CT

3. Mailing Address

P.O. BOX 340572

Suite, Apt. #, etc.

TAMPA, FL 33624

Suite, Apt. #, etc.

TAMPA, FL 33694

City & State

TAMPA, FL

City & State

TAMPA, FL 33694

Zip

33624

Country

USA

Zip

33694

Country

USA

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 SHAW, SUSAN
 Street Address (P.O. Box Number is Not Acceptable) 16528 OLEY RIDGE CT
 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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASSOLIO, JOHN C JR 3403 FOREST BRIDGE CIR BRANDON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, SUSAN 16528 OLEY RIDGE CT TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRILLING, JANE 17905 CLEAR LAKE DRIVE LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VICTORIA, ROBEY 5102 BELMERE PARKWAY 1106 TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, MICHAEL 3820 NORTHDAL BLVD 300B BRANDON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILLHOUSE, RANDY 7001 INTERBAY BLVD 3166 TAMPA FL 33616	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, SUSAN 16528 OLEY RIDGE CT TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARUTA, JOSEPH 1208 MAGNOLIA WOODS LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEEHAN, MICHAEL 3820 NORTHDAL BLVD #300B TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRILLING, JANE 17905 CLEAR LAKE DRIVE LUTZ, FL 3363594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, NEIL 3313 RIVER COVE DR TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILLHOUSE, RANDY 7001 INTERBAY BLVD #3166 TAMPA FL 33616	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

01/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)