

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90015 047 \*\*\*\*70.00

**DOCUMENT # N10641**

1. Entity Name

**TAMPA BAY DEPRESSIVE AND MANIC DEPRESSIVE ASSOCIATION, INC.**

Principal Place of Business

**16528 OLEY RIDGE CT  
TAMPA FL 33624**

Mailing Address

**PO BOX 340572  
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33694**

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

7. Name and Address of New Registered Agent

**SHAW, SUSAN  
16528 OLEY RIDGE CT.  
TAMPA FL 33624**

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*

*01/08/02*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **MASSOLIO, JOHN C JR**  
STREET ADDRESS **1208 MAGNOLIA WOODS**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Yarnold, Christopher**  
STREET ADDRESS **2911 San Miguel St**  
CITY-ST-ZIP **Tampa, FL 33629**

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

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

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

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

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

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

TITLE **VPD** ☐ Delete  
NAME **SHEEHAN, MICHAEL**  
STREET ADDRESS **3820 NORTHDAL BLVD 300B**  
CITY-ST-ZIP **BRANDON FL**

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

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

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Massalia Jr., John C**  
STREET ADDRESS **3403 Forest Bridge Circle**  
CITY-ST-ZIP **Tampa, FL 33511**

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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/08/02*

Date

*813-878-2906*

Daytime Phone #

CR2E037 (9/01)