

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90188 021 \*\*\*\*61.25

**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

1603 Magalene Manor  
Tampa, FL 33613

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 **59-2521274**

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

SHAW, SUSAN  
16528 OLEY RIDGE CT.  
TAMPA FL 33624

Neil Bush  
1603 Magadalene Manor  
Tampa FL 33613

7. Name and Address of New Registered Agent

Name

NEIL BUSH

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

1603 Magadalene Manor

City

Tampa

FL

Zip Code

33613

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/03

**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 ☐ Delete  
NAME TD  
STREET ADDRESS YARNOLD, CHRISTOPHER  
CITY-ST-ZIP 2911 SAN MIGUEL ST  
TAMPA FL 33629

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

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

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS MASSOLIO, JOHN C JR  
CITY-ST-ZIP 3403 FOREST BRIDGE CIRCLE  
BRANDON FL 33511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME PD  
STREET ADDRESS NEIL BUSH  
CITY-ST-ZIP 1603 MAGDALENE MANOR  
TAMPA, FLORIDA 33613

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

TITLE ☐ Change ☐ Addition  
NAME SD  
STREET ADDRESS PAT COBLE  
CITY-ST-ZIP 7806 NORTH ST. VINCENT STREET  
TAMPA, FLORIDA 33614

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

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

**SIGNATURE REQUIRED**

*[Signature]*

NEIL BUSH 1/28/03

CR2E037 (10/02)