

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

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90074 014 \*\*\*\*\*61.25

**DOCUMENT # N18036**

1. Entity Name

**URBAN FINANCIAL SERVICES COALITION, INC. - TAMPA  
BAY**



Principal Place of Business

**P.O. BOX 1915  
TAMPA FL 33602**

Mailing Address

**P.O. BOX 1915  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2825011**

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

**STAMPS, S.M. DAVID III  
101 E KENNEDY BOULEVARD  
SUITE 2700  
TAMPA FL 33602**

Name

**STAMPS, S.M. DAVID III**

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

**501 E. KENNEDY BLVD**

**SUITE 1700**

City

**TAMPA**

FL

Zip Code

**33602**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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 **DV** ☐ Delete  
NAME **CAMPBELL, NICOLE**  
STREET ADDRESS **1500 S. DALE MABRY**  
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **P** ☐ Delete  
NAME **MANER, C. MACHELLE**  
STREET ADDRESS **1770 N 50TH STREET**  
CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE **TS** ☐ Delete  
NAME **WILLIAMS, CHARNELL**  
STREET ADDRESS **2306 NEEDHAM DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **D** ☐ Delete  
NAME **JONES, SUSAN**  
STREET ADDRESS **3800 CITIBANK CENTER BLDG 5 2ND FL**  
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE **D** ☐ Delete  
NAME **DYSON, ANGIE**  
STREET ADDRESS **1702 E 17 AVE**  
CITY-ST-ZIP **TAMPA FL 33675**

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

TITLE **V** ☐ Delete  
NAME **CARSWELL, ANTHONY**  
STREET ADDRESS **101 E KENNEDY BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

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**

**7/31/03 813-276-667**

CR2E037 (4/03)