

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20365

1. Entity Name

TAMPA BAY CHAPTER OF THE SOCIETY OF FINANCIAL SE

Principal Place of Business

4010 CYPRESS WILLOW CT  
TAMPA FL 33614  
US

Mailing Address

C/O THOMAS A. ROMAN  
P.O. BOX 21732  
TAMPA FL 33622  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2824939

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DORREMAN, ELAINE  
4010 CYPRESS WILLOW CT  
TAMPA FL 33614

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

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  
After September 12, 2001, min. will be \$236.25

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 D  
NAME BALKCOM, CAROL  
STREET ADDRESS 302 KNIGHT RUN AVE #100  
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE P  
NAME JONES, WALTER  
STREET ADDRESS 4010 BOY SCOUT BLVD, #700  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE VP  
NAME HUTCHENS, GEORGE  
STREET ADDRESS 2202 N. LOIS AVE., #270  
CITY-ST-ZIP TAMPA FL 33607 ☒ Delete

TITLE D  
NAME KRIVONAK, MARK  
STREET ADDRESS 14906 WINDING CREEK CT  
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE VP  
NAME GOOD, GREG  
STREET ADDRESS 500 N. WESTSHORE #415  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D  
NAME CARRILLO, DONNA  
STREET ADDRESS ONE N DALE MABRY, #1100  
CITY-ST-ZIP TAMPA FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
NAME SUITE 1000  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME 880 CARILLON PKWY  
STREET ADDRESS ST. PETERSBURG, FL 33716 ☒ Change ☐ Addition

TITLE T  
NAME JEFFREY DRESSSEL  
STREET ADDRESS 2002 N. LOIS AVE #270  
CITY-ST-ZIP TAMPA, FL 33607 ☐ Change ☒ Addition

TITLE VP  
NAME 302 KNIGHTS RUN AVE. #1000  
STREET ADDRESS TAMPA, FL 33602 ☒ Change ☐ Addition

TITLE P  
NAME 2401 WEST BAY DR. #423  
STREET ADDRESS LARGO, FL 33770 ☒ Change ☐ Addition

TITLE D  
NAME DUFFY THAXTON  
STREET ADDRESS 2907 BAY TO BAY #102  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ 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:

SIGNATURE REQUIRED GREG GOOD, PRES. 9/9/01 813-243-1015

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

09-19-2001 90124 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0011623

CR2E037 (5/01)