

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 18, 2000 8:00 am
Secretary of State

04-17-2000 90102 045 ****61.25

DOCUMENT # N22299

1. Entity Name

THE ALS ASSOCIATION TAMPA BAY CHAPTER INC.

Principal Place of Business

3641 W. KENNEDY BLVD.
STE. #C
TAMPA FL 33609
US

Mailing Address

3641 W. KENNEDY BLVD.
STE. #C
TAMPA FL 33609-2849
US

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

94-3124732

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

SMITH, DAVID L
5123 W SAN JOSE ST
TAMPA FL 33629

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

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	DP	☐ Delete
NAME	SMITH, DAVID L	
STREET ADDRESS	5123 W. SAN JOSE ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	1st V. P.	☐ Delete
NAME	MORONEY, JIM	
STREET ADDRESS	100 N. TAMPA ST. #3000	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	ST. President Elect	☐ Delete
NAME	ALEXANDER, DARA	
STREET ADDRESS	1405 VENTANA DR.	
CITY-ST-ZIP	RUSKIN FL 33573	
TITLE	2nd V. P.	☐ Delete
NAME	MILLS, BLAIR	
STREET ADDRESS	2455 LAKE POINT LANE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	DR	☒ Delete
NAME	MURPHY, JAMES B JR.	
STREET ADDRESS	501 E. KENNEDY BLVD., #1400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	Secretary	☐ Delete
NAME	Hubbard, Kimberly	
STREET ADDRESS	1255 Askeville	
CITY-ST-ZIP	Brenton, FL 33511	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Shelia Jones/SunTrust	
STREET ADDRESS	500 N. W. Lakeshore Blvd. Ste. 200	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		☐ Change ☒ Addition
NAME	Add	
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:

DAVID L. SMITH - REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)