2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90063 019 ****61.25

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1. Entity Name

THE ALS ASSOCIATION ~~TAMPA BAY~~ FLORIDA CHAPTER INC. (TM)

N/C 4-6-01

Principal Place of Business	Mailing Address
3641 W. KENNEDY BLVD. STE. #C TAMPA FL 33609 US	3641 W. KENNEDY BLVD. STE. #C TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9887 4th Street N.	9887 4th Street N.
Suite, Apt. #, etc.: Ste. 102	Suite, Apt. #, etc.: Ste 102
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33702 Country: USA	Zip: 33702 Country: USA

4. FEI Number 94-3124732 — ☑ Applied For (SAME) ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ALEXANDER DARA
Street Address (P.O. Box Number is Not Acceptable): 1405 VENTANA DRIVE
City: RUSKIN, FL Zip Code: 33573

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: Dara M. Alexander, PRESIDENT 4-13-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
DARA ~~MARIE~~ M. ALEXANDER

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMITH, DAVID L 5123 W. SAN JOSE ST. TAMPA FL 33629	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHELIA JONES - DT 500 N. WESTSHORE BLVD, STE 200 TAMPA, FL 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ DVP MORONEY, JIM 100 N. TAMPA ST. #3000 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ←	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ D P ALEXANDER, DARA 1405 VENTANA DR. RUSKIN FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ←	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP MILLS, BLAIR 2455 LAKE POINT LANE CLEARWATER FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ←	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JAMES B JR. 501 E. KENNEDY BLVD., #1400 TAMPA FL 33602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KIMBERLY HUBBARD - D S 1255 ASKEW DR BRANDON, FL 33511	☐ Change ☑ Addition

CR2E037 (10/00)

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 607, 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: Dara M. Alexander President 4-13-01 727-579-9511
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #