## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # N22299** 1. Entity Name 04-22-2002 90276 045 \*\*\*\*61 THE ALS ASSOCIATION FLORIDA CHAPTER, INC. Principal Place of Business Mailing Address 9887 4TH STREET N 9887 4TH STREET N €TE: 102 ·STE: 102 -SAINT PETERSBURG FL 33702 SAINT PETERSBURG FL 33702 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc Suite, Apt\_#, etc. Applied For 4. FEI Number City & State City & State 94-3124732 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARA, ALEXANDER - 33 VENTURA DRIVE > 405 ANATABY DRIVE **RUSKIN FL 33573** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Department of State - \* \* Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition CR2E037 (9/01 Change TITLE Delete TITLE DRABIN, MICHAEL NAME JONES, SHEILA NAME 1301 SEMINOLE BLUP, SUITE US STREET ADDRESS 500 N. WESTSHORE BLVD STREET ADDRESS CITY-ST-7IP LARGO, 74 3-1640 CITY-ST-ZIP **TAMPA FL 33609** X Addition ☐ Change DVP Delete TITLÉ TITLE SMITH, GRACE 2290 63rd Aves.)#317 NAME MORONEY, JIM NAME STREET ADDRESS 100 N. TAMPA ST. #3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA.FL 33602 Addition TITLE DP ☐ Delete TITLE NAME alexander. Dara NAME STREET ADDRESS STREET ADDRESS 1405 VENTANA DR. CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33573 ☐ Change Addition Delete VΡ TITI F TITLE NAME MILLS, BLAIR NAME STREET ADDRESS STREET ADDRESS 2455 LAKE POINT LANE CITY-ST-ZIF CITY-ST-ZIP CLEARWATER FL 33762 ☐ Addition TITLE ☐ Delete TITLE MURPHY JAMES B. JR 100 N. TAMPASTREET, SUITE 2900 MURPHY, JAMES B JR. NAME NAME STREET ADDRESS 501 E. KENNEDY BLVD., #1400 STREET ADDRESS TAMPA, 7L 33602 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602**

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 of 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 an address, with all other like empowered changed, or on an attachment

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DS

HUBBARD, KIMBERLY

1255 ASKEW DR

|Brandon FL 33511

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Delete** 

☐ Change

☐ Addition