

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90025 016 \*\*\*\*61.25

**DOCUMENT # N25548**

1. Entity Name

**THE TAMPA BAY BANKRUPTCY BAR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 2405  
P O BOX 1531  
TAMPA FL 33601  
US

PO BOX 707  
TAMPA FL 33601  
US

2. Principal Place of Business

3. Mailing Address

**4301 Anchor Plaza Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**Tampa, FL**

Zip

Country

Zip

Country

**33634**

**USA**

4. FEI Number

**59-2891164**

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

**FORIZS, ZALA**  
**600 N WESTSHORE BLVD**  
**SUITE 502**  
**TAMPA FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4301 Anchor Plaza Parkway**

**Suite 300**

City

**Tampa**

**FL**

Zip Code  
**33634**

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

**Zala Forizs**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BURNETTE, CYNTHIA P**  
CITY-ST-ZIP **501 E POLK ST SUITE 1200**  
**TAMPA FL 33602**

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **BERMAN, STEVEN M.**  
CITY-ST-ZIP **Post Office Box 172118**  
**Tampa, FL 33672-2118**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **OLSON, JOHN K**  
CITY-ST-ZIP **P.O. BOX 3299**  
**TAMPA FL 33601**

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **RICE, EDWIN G.**  
CITY-ST-ZIP **Post Office Box 3333**  
**Tampa, FL 33601-3333**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **EMMANUEL, JOHN D**  
CITY-ST-ZIP **501 E. KENNEDY BLVD., STE. 1700**  
**TAMPA FL 33602**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **LAMOUREUX, JOHN J.**  
CITY-ST-ZIP **Post Office Box 3239**  
**Tampa, FL 33601-3239**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SMITH, PATRICK R**  
CITY-ST-ZIP **306 E TYLER ST STE 300**  
**TAMPA FL 33602**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MCEWEN, CATHERINE PEEK**  
CITY-ST-ZIP **Post Office Box 3273**  
**Tampa, FL 33602-3273**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **FORIZS, ZALA L**  
CITY-ST-ZIP **600 N WESTSHORE BLVD STE 502**  
**TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **FORIZS, ZALA L.**  
CITY-ST-ZIP **4301 Anchor Plaza Parkway, Suite 300**  
**Tampa, FL 33634**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TONG, DAVID M**  
CITY-ST-ZIP **P O BOX 3399**  
**TAMPA FL 33601**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MARKHAM, MICHAEL C.**  
CITY-ST-ZIP **911 Chestnut Street**  
**Clearwater, FL 33756**

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**

**EDWIN G. RICE**

**04/23/01**

**813/229-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

Doc. # 1125548  
829486

11. CONTINUED:

D

Addition

STICHTER, SCOTT A.

110 East Madison Street, Suite 200

Tampa, FL 33602