2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90034 018 ****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	4301 ANCHOR PLAZA PARKWAY 300 TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P. O. Box 2405
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33601-2405 / Country

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 4301 ANCHOR PLAZA PARKWAY SUITE 300 TAMPA FL 33634	Name: JOHN K. OLSON Street Address (P.O. Box Number is Not Acceptable): 401 E. JACKSON ST. SUITE 2200 City: TAMPA FL Zip Code: 33602

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: John K Olson TREASURER + REG AGENT 4-30-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNETTE, CYNTHIA P 501 E POLK ST SUITE 1200 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CATHERINE P. MCEWEN P.O. BOX 3355 TAMPA FL 33601-3355 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSON, JOHN K P O BOX 3299 TAMPA FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERBERT R. DONICA 320 W. KENNEDY BLVD. #520 TAMPA, FL 33606 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EMMANUEL, JOHN D 501 E. KENNEDY BLVD., STE. 1700 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D W. KEITH FENDRICK 100 N. TAMPA ST. #2700 TAMPA, FL 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, PATRICK R 306 E TYLER ST STE 300 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT A. STICHTER 110 E. MADISON ST #200 TAMPA FL 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORIZS, ZALA L 4301 ANCHOR PLAZA PARKWAY SUITE 300 TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWIN G. RICE 100 S. ASHLEY DR. #1300 TAMPA FL 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONG, DAVID M P O BOX 3399 TAMPA FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: John K Olson JOHN K. OLSON 4-30-02 813-222-5048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #