

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90053 001 \*\*\*\*61.25

**DOCUMENT # N25548**

1. Entity Name

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



Principal Place of Business

P O BOX 2405

P O BOX 1531

TAMPA FL 33601

US

Mailing Address

P O BOX 2405

TAMPA FL 33601-2405

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**OLSON, JOHN K**  
**401 E JACKSON ST**  
**STE 2200**  
**TAMPA FL 33602**

Name **Julia Sullivan Waters**

Street Address (P.O. Box Number is Not Acceptable)  
**400 N Ashley, 13th Floor**

**FL1-010-13-10**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Julia Sullivan Waters, Treasurer**

(NOTE: Registered Agent signature required when reinstating)

**3/10/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNETTE, CYNTHIA P</b> <b>501 E POLK ST SUITE 1200</b> <b>TAMPA FL 33602</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLSON, JOHN K</b> <b>P O BOX 3299</b> <b>TAMPA FL 33601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EMMANUEL, JOHN D</b> <b>501 E. KENNEDY BLVD., STE. 1700</b> <b>TAMPA FL 33602</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, PATRICK R</b> <b>306 E TYLER ST STE 300</b> <b>TAMPA FL 33602</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FORIZS, ZALA L</b> <b>4301 ANCHOR PLAZA PARKWAY SUITE 300</b> <b>TAMPA FL 33634</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TONG, DAVID M</b> <b>P O BOX 3399</b> <b>TAMPA FL 33601</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CATHERINE PEEK McEWEN</b> <b>PO BOX 3355</b> <b>TAMPA, FL 33601-3355</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOHN J LAMOUREUX</b> <b>PO BOX 3239</b> <b>TAMPA, FL 33601-3239</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM KNIGHT ZEWADSKI</b> <b>PO BOX 1102</b> <b>TAMPA, FL 33601-1102</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT A STICHTER</b> <b>110 E MADISON ST, STE 200</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**Sullivan Waters 3/11/03**

**813-224-3604**

CR2E037 (10/02)