2003 NOT-FOR-PROFIT CORPORATION

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Aug 18, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State **DOCUMENT # N28748** 1. Entity Name 08-18-2003 90163 044 ****61.25 CITY OF TAMPA RETIRED FIRE AND POLICE ASSOCIATIO N. INCORPORATED Principal Place of Business Mailing Address 201 E. YUKON P.O. BOX \$10608 TAMPA/FL \$3680 201 E. YUKON P.O. BOX 310608 TAMPA FL 33680 2. Principal Place of Business 110 N. FLORIDA AV Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For FEI Number 59-2966075 Not Applicable Gountry HILL<u>SBOADUG</u> Country \$8.75 Additional HILLSBOROUG P 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, JOHN N 4915 N'MENDENHALL DRIVE TAMPA FL 33608 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD PRESCOENT ☐ Delete TITLE ☐ Addition NAME Sinardi, şam NAME 416 MONTROSE AVE STREET ADDRESS STREET ADDRESS 33614 CITY-ST-ZIP TAMPA FL 33617 CITY-ST-ZIP AMPA SECRETARY TITLE ☐ Delete TITLE Change ☐ Addition YINCENT, LARRY NAME MAXIE, BUD NAME 1102 SAMMY DR STREET ADDRESS 3333 SLIGH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 TAMP4 FL 336/3 TREASURER JAMES RICHARD HUDSO 1906 W. CREST AVE TITLE ☐ Addition ☐ Delete PARKER, YOHN NAME NAME STREET ADDRESS 4915 N MENDENHALL DR STREET ADDRESS CITY-ST-ZIP TAMPA FĽ 33603 CITY-ST-ZIP TAMPA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

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CITY-ST-7iP

CITY-ST-ZIP

James Richard Hudson 8-14-03 (813) 810-5203 SIGNATURE:

Change

■ Addition

FILED