

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90077 040 ****61.25

DOCUMENT # N46518

1. Entity Name

**TAMPA BAY-SURVEY AND MAPPING SCHOLARSHIP FUND, I
 NC.**

Principal Place of Business

Mailing Address

**3118 KENSINGTON AVENUE
 TAMPA FL 33629**

**3118 KENSINGTON AVENUE
 TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESTER, JOHN
 3118 KENSINGTON AVENUE
 TAMPA FL 33629**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **WOODS, STEVEN M**
 CITY-ST-ZIP **1521 W COMANCHE AVENUE
 TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CLANTON, ROBERT JOHN**
 CITY-ST-ZIP **308 E 7TH AVENUE
 TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LESTER, JOHN**
 CITY-ST-ZIP **3118 KENSINGTON AVENUE
 TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **WESTON, ROBERT S.**
 CITY-ST-ZIP **4205 PRESERVE PLACE
 PALM HARBOR FL 34685**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PIERCE, LESLIE**
 CITY-ST-ZIP **8038 GARDNER RD.
 TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SWANSON, JENNIFER**
 CITY-ST-ZIP **1501 W RIVER SHORES WAY
 TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of John Lester
JOHN LESTER

4/22/02 813-831-4869

CR2E037 (9/01)

Attachment #

N46518
783011

UNIFORM BUSINESS REPORT (UBR)

Additional Sheet

Title: D
Name: Brown, Timothy M.
Street Address: 910 N. Parsons Avenue
City, St, Zip: Brandon, FL 33510
