

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90251 032 ****61.25

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1. Entity Name

**THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL
SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALIST**



Principal Place of Business

**1511 N WESTSHORE
STE 600
TAMPA FL 33607
US**

Mailing Address

**P.O. BOX 2394
TAMPA FL 33601-2394
US**

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 **59-3205131**

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

**WATTS, DONNA
1511 N WESTSHORE BLVD
STE 600
TAMPA FL 33607**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T CARNEY, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2202 N WESTSHORE BLVD #200	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	S PENLEY, LORRIE	<input type="checkbox"/> Delete
STREET ADDRESS	7650 W COURTNEY CAMPBELL CAUSEWAY #1000	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	V PARISEAU, ROB	<input type="checkbox"/> Delete
STREET ADDRESS	4600 W CYRRES STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	D HIRES, JEANELLE	<input type="checkbox"/> Delete
STREET ADDRESS	6004 RIVER TERRACE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE NAME	D COMPTON, WES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	211 EAST MAIN STREET #200	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE NAME	P WATTS, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	1511 N WESTSHORE BLVD SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE NAME	T/S THOMAS ZARECZNY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2712 WOODHARTER DR. N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE NAME	V Penley, Lorrie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE NAME	P Pariseau, Rob	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE NAME	D John Pickard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1100 Pinellas Bayway	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE NAME	D Scot Grooms	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	211 N. Lois Ave	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE NAME	D Watts, Donna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	same	
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:

THOMAS J ZARECZNY 4/19/03 727-560-8895

CR2E037 (10/02)