

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-04-2002 90005 021 ****61.25

DOCUMENT # N93000000050

1. Entity Name

**INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATIO
N, WEST FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1101
TAMPA FL 33601-1101
US

P.O. BOX 1101
TAMPA FL 33601-1101
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

59-1933237

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

DYE, WALTER J
38053 LIVE OAK AVENUE
DADE CITY FL 33523

Name
Ettorre, Edward
Street Address (P.O. Box Number is Not Acceptable)
3950 12th Avenue North
5871 11TH AVENUE N.
City
Saint Petersburg PINELLAS PARK FL Zip Code
33713-6023

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DYE, WALTER J
38053 LIVE OAK AVE
DADE CITY FL 33523 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SLAUGHTER, LANFORD T JR.
1244 SE 14TH STREET
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HO, WILLIE
P.O. BOX 407
LAKE LAND FL 33802 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
CAMPION, RENEE
P.O. BOX 22287
TAMPA FL 33622-2287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
ETTORRE, EDWARD
3950 12TH AVENUE NORTH
SAINT PETERSBURG FL 33713-6023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Ettorre, Edward (SEE ABOVE)
3950 12th Avenue North
Saint Petersburg FL 33713-6023 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mullin, Kate
1030 3rd St. N.
St. Pete, FL 33701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Gorgogliano, Janice ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Kolman, Mark
P.O. Box 1110
Tampa, FL 33601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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
Janice Gorgogliano

1/17/02

(813) 870-7865

Date

Daytime Phone #

Edward Ettorre

3/13/02

544-1903

CR2E037 (9/01)