

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 016 ****70.00

DOCUMENT # **N94000002948 ✓**

1. Entity Name

The Center of Tampa, Inc., a Florida corporation not for profit

Principal Place of Business

3708 W. Swann Ave.
Tampa, FL 33609

Mailing Address

1222 S. Dale Mabry Hwy.
Private Mailbox 350
Tampa, FL 33629

2. Principal Place of Business

3708 W. Swann Avenue
Suite, Apt. #, etc.

3. Mailing Address

1222 S. Dale Mabry Hwy.

Suite, Apt. #, etc.

Private Mailbox 350

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3249057

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jim Olson
5055 S. Dale Mabry Hwy.
Apt. 1232
Tampa, FL 33611

7. Name and Address of New Registered Agent

Name

Jere' M. Fishback

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

1501 - 75th Circle NE

City

St. Petersburg,

FL

Zip Code 33702

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]

Jere' M. Fishback

3-07-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	Hoffman, David A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MD	
CITY-ST-ZIP	5055 S. Dale Mabry #1223 Tampa, FL 33611	
TITLE NAME	SD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Fisher, Eunice	
CITY-ST-ZIP	303 W. Virginia Ave. Tampa, FL 33603	
TITLE NAME	TD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Olson, Jim	
CITY-ST-ZIP	5055 S. Dale Mabry Hwy. #1232 Tampa, FL 33611	
TITLE NAME	CD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Bobier, Robert	
CITY-ST-ZIP	3211 Swann Avenue Tampa, FL 33609	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Sanderson, Robert L.	
CITY-ST-ZIP	288 Beach Drive NE, PH1 St. Petersburg, FL 33701	
TITLE NAME	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Munion, Catherine E.	
CITY-ST-ZIP	7922 Sailboat Key Blvd. #506 South Pasadena, FL 33707	
TITLE NAME	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Eaton, Christopher	
CITY-ST-ZIP	2901 N. Dale Mabry Hwy. #914 Tampa, FL 33607	
TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Padgett, Martin D.	
CITY-ST-ZIP	15928 Nottingham Drive Lutz, FL 33549	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Catherine E. Munion, Co-Chairperson

727-521-3778

3-07-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)