

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

0012127

DOCUMENT # N95000004107

1. Entity Name

TAMPA BAY CHAPTER OF THE NATIONAL ASSOCIATION OF

Principal Place of Business

**3110 1ST AVE N
 #2-N
 SAINT PETERSBURG FL 33713**

Mailing Address

**3110 1ST AVE N
 #2-N
 SAINT PETERSBURG FL 33713**

2. Principal Place of Business

1050 East Lake Woodlands Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oldsmar, FL 34677

City & State

4. FEI Number

59-3415321

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HEIST, ANTHONY H
 1661-20 ESTERO BLVD.
 MYERS BEACH FL 33932**

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
 After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete
 NAME **OTTAVIANI, KYM**
 STREET ADDRESS **PO BOX 41471**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Elizabeth Morgan**
 STREET ADDRESS **1050 East Lake Woodlands Parkway**
 CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE **SD** ☐ Delete
 NAME **ZUBEK, LINDA**
 STREET ADDRESS **13986 BONNIE BRAE DR**
 CITY-ST-ZIP **LARGO FL 34644**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Karen Sewell**
 STREET ADDRESS **782 East Lake Road**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **TD** ☐ Delete
 NAME **NOLAN, MIDGE**
 STREET ADDRESS **3440 E LAKE RD #106**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Jane Bricker**
 STREET ADDRESS **1050 East Lake Woodlands Parkway**
 CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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: *Jane Bricker* **FIRED** Jane Bricker

7/19/2001 727-787-9759

CR2E037 (5/01)