

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002388

1. Entity Name

TAMPA BAY FAMILY BUSINESS FORUM, INC.

Principal Place of Business

101 STARCREST DR.  
CLEARWATER FL 34625

Mailing Address

101 STARCREST DR.  
CLEARWATER FL 33765-3225  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33765

4. FEI Number

59-3382357

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

LANE, WILLIAM J  
HOLLAND & KNIGHT  
400 N ASHLEY DR, STE. 2300  
TAMPA FL 33602

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 D ☐ Delete  
NAME BOUCHARD, TIM  
STREET ADDRESS 101 STARCREST DRIVE  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE VCD ☐ Change ☒ Addition  
NAME Evans, Mark  
STREET ADDRESS 4801 Ulmerton Rd  
CITY-ST-ZIP Clearwater FL 33762

TITLE D ☐ Delete  
NAME DUFRESNE, JOHN  
STREET ADDRESS 10014 N DALE MABRY, STE. 101  
CITY-ST-ZIP TAMPA FL 33618-4426

TITLE D ☐ Change ☒ Addition  
NAME Spencer, Scott  
STREET ADDRESS 600 Cleveland St Ste 100  
CITY-ST-ZIP Clearwater FL 33755

TITLE CD ☐ Delete  
NAME LANE, WILLIAM J  
STREET ADDRESS 400 N ASHLEY DR  
CITY-ST-ZIP TAMPA FL 33601-1288

TITLE D ☒ Change ☐ Addition  
NAME Lane, William J  
STREET ADDRESS 400 N Ashley Dr  
CITY-ST-ZIP Tampa FL 33601-1288

TITLE D ☐ Delete  
NAME JEWELL, KENNETH  
STREET ADDRESS 101 STARCREST DR  
CITY-ST-ZIP CLEARWATER FL

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

TITLE VCD ☐ Delete  
NAME SAUER, KIMBERLY H  
STREET ADDRESS 324 MONROE  
CITY-ST-ZIP DUNEDIN FL

TITLE CD ☒ Change ☐ Addition  
NAME Greenleaf, Kimberly H  
STREET ADDRESS 324 Monroe  
CITY-ST-ZIP Dunedin FL 34698

TITLE TD ☐ Delete  
NAME BOLLENBACK, MIKE  
STREET ADDRESS 1000 PINELLAS ST.  
CITY-ST-ZIP CLEARWATER FL 33756

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:

TIM BOUCHARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

727-447-6481

Daytime Phone #

CR2F037 (9/99)