2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State
09-08-2000 90003 007 ****61.25

DOCUMENT # N96000006551

1. Entity Name

FRIENDS OF TPD, INC.

R

Principal Place of Business	Mailing Address
400 NORTH TAMPA ST STE 2300 TAMPA FL 33602	400 NORTH TAMPA ST STE 2300 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Susan Hayward Suite, Apt. #, etc. 100 S. Ashley Dr. #1650
City & State	City & State TAMPA FL
Zip / Country	Zip 33602 / Country USA

4. FEI Number 59-3419131 — 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
PANKAU, STEPHEN L ESQUIRE 400 N. TAMPA ST STE 2300 TAMPA FL 33602	Name: Linda McClintock-Greco M.D. Street Address (P.O. Box Number is Not Acceptable): 1108 Abbeys Way City: TAMPA FL Zip Code: 33602

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: Linda McClintock-Greco — 9/1/00

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 13, 2000 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 DP NAME SYKES, JOHN STREET ADDRESS 400 N. TAMPA ST- STE 2300 CITY-ST-ZIP TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DS NAME BUTCHER, JACK STREET ADDRESS 400 N. TAMPA ST- STE 2300 CITY-ST-ZIP TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DT NAME MCCLINTOCK-GRECO, LINDA DR STREET ADDRESS 400 N. TAMPA ST- STE 2300 CITY-ST-ZIP TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV NAME PANKAU, STEPHEN L STREET ADDRESS 400 N. TAMPA ST- STE 2300 CITY-ST-ZIP TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE OP NAME CUNNINGHAM, SCOTT CAPT. STREET ADDRESS 400 N. TAMPA ST- STE 2300 CITY-ST-ZIP TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Linda McClintock-Greco Pres — 9/1/00 — (813) 244-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/00)