

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-06-2001 90028 008 ****61.25

DOCUMENT # N97000005312

1. Entity Name

SOMEBODY CARES TAMPA BAY, INC.

Principal Place of Business

2111 B 34TH WAY N
LARGO FL 33771

Mailing Address

P.O. BOX 4486
CLEARWATER FL 33758

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

59-3470531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOEVERING, JOE VAN
790 LAPLAZA AVE S
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name **RICHARD KALIL**

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

1412 QUAIL DR

City **Palm Harbor**

FL

Zip Code **34683**

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

4-19-2001

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

TITLE	PD	☐ Delete
NAME	BERNARD, DANIEL	
STREET ADDRESS	2069 PLATEAU RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DV	☒ Delete
NAME	CHEW, DAVID	
STREET ADDRESS	1221 ROYAL OAK DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	☒ Delete
NAME	WOLF, WILLIAM J	
STREET ADDRESS	4677 118TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33774	
TITLE	ST	☐ Delete
NAME	SARBAKMER, DON	
STREET ADDRESS	15902 WOODPOST PL	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	☒ Delete
NAME	KLASSEN, KEN	
STREET ADDRESS	3318 MORAN RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	☒ Delete
NAME	BROWN, JOE	
STREET ADDRESS	18510 OTTERWOOD AVE	
CITY-ST-ZIP	TAMPA FL 33647	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chaplin	☐ Change ☒ Addition
NAME	VINCENT WOZNIAK	
STREET ADDRESS	2005 GREENBRIER BLVD, UNIT 15	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	Vice Chairman	☐ Change ☒ Addition
NAME	John Williams	
STREET ADDRESS	1015 MARCO DR NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Alan Fortier	
STREET ADDRESS	7868 LAUTALA CREEK RD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	Chairman	☐ Change ☒ Addition
NAME	Richard Kalil	
STREET ADDRESS	1412 QUAIL DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-2001 727-85-3796

CR2E037 (10/00)