

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90091 005 ****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

7. Name and Address of New Registered Agent

**KALIL, RICHARD
1412 QUAIL DR.
PALM HARBOR FL 34683**

Name

WELCH, THOMAS

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

4885 PARSON BROWN LANE

City

PALM HARBOR

FL

Zip Code

34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BERNARD, DANIEL**
STREET ADDRESS **2069 PLATEAU RD**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☐ Change ☒ Addition
NAME **JAEGER, ROY J.**
STREET ADDRESS **3825 FAIRWAY VIEW DR.**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **C** ☐ Delete
NAME **WOZNAK, VINCENT**
STREET ADDRESS **2005 GREEN BRIER BLVD. UNIT 15**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **D** ☐ Change ☒ Addition
NAME **AZZARELLI, BART**
STREET ADDRESS **6320 E. 112TH AVE.**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **ST** ☒ Delete
NAME **SARBACHER, DON**
STREET ADDRESS **15902 WOODPOST PL**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☒ Change ☐ Addition
NAME **WELCH, THOMAS**
STREET ADDRESS **4885 PARSON BROWN LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☒ Delete
NAME **THOMAS, WELCH**
STREET ADDRESS **4885 PARSON BROWN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE **D** ☐ Delete
NAME **GOMEZ, JOSE**
STREET ADDRESS **10029 N. ASTER SE AVE**
CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE ☐ Delete
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)(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:

Handwritten Signature

4/29/03

127-536-2273

CR2E037 (10/02)