

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

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 010 ****61.25

DOCUMENT # **N97000005992**

1. Entity Name

INFINITE OUTSOURCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8600 HIDDEN RIVER PKWY.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM COURT, SUITE 500

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33637

USA

2002 UBR

4. FEI Number

59-3475592

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

OLIN G. SHIVERS

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

ONE TAMPA CITY CENTER, SUITE 2200

201 N. FRANKLIN STREET

City

TAMPA, FLORIDA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 **D** **PRESIDENT + CEO**
NAME **GINNIE MIKULA**
STREET ADDRESS **8600 HIDDEN RIVER PKY, PALM CT, STE 500**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE **D** **CHAIRMAN**
NAME **VIRGINIA FOX**
STREET ADDRESS **600 COOPER DRIVE**
CITY-ST-ZIP **LEXINGTON, KY 40502**

TITLE **D** **TREASURER**
NAME **PATRICK KEATING, WFSU**
STREET ADDRESS **1600 Reb Barnhaza**
CITY-ST-ZIP **Tallahassee, FL 32310**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia S. Mikula VIRGINIA S. MIKULA

6/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)