

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000003201**1. Entity Name  
TAMPA BAY REGIONAL DISASTER NETWORK, INC.Principal Place of Business  
13203 SHADBURY LANE  
HUDSON FL 34667  
Mailing Address  
13203 SHADBURY LANE  
HUDSON FL 346672. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3515850**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**GONZALES LARRY J  
2739 U.S. HIGHWAY 19  
SUITE 223  
HOLIDAY FL 34691 US**7. Name and Address of New Registered Agent**Name  
KALOGIANIS CHUCK  
Street Address (P.O. Box Number is Not Acceptable)  
4821 US HIGHWAY 19  
SUITE 3  
City  
NEW PORT RICHEY FL Zip Code  
34652

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 **CHUCK KALOGIANIS****08/26/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	STD	<input type="checkbox"/> Delete
NAME	KELZER MICHAEL	
STREET ADDRESS	13203 SHADBURY LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETTYJOHN ROBERT B	
STREET ADDRESS	594 RANCH ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEGNER RONALD A	
STREET ADDRESS	13203 SHADBURY LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRABBE KAREN		
STREET ADDRESS	13203 SHADBURY LANE		
CITY-ST-ZIP	HUDSON FL 34667		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRLEY SCOTT		
STREET ADDRESS	13203 SHADBERRY LANE		
CITY-ST-ZIP	HUDSON FL 34667		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Scott Kirley

VD

08/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)