2000 UNIFORM BUSINESS REPORT (UBR)

5/8/(

FILED
Jun 08, 2000 8:00 am
Secretary of State
05-08-2000 90098 022 ****61.25

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1. Entity Name

TAMPA BAY ASSOCIATION FOR WOMEN PSYCHOTHERAPISTS

Principal Place of Business	Mailing Address
C/O ELDRA P. SOLOMON, PH.D 309 S. FIELDING TAMPA FL 33606	C/O ELDRA P. SOLOMON, PH.D 309 S. FIELDING TAMPA FL 33606-2224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Christina Bellamy, LMHC	c/o Christina Bellamy, LMHC
Suite, Apt. #, etc. 2805 W. Busch Blvd. Ste 113	Suite, Apt. #, etc. 2805 W. Busch Blvd. Ste. 113
City & State Tampa, FL	City & State Tampa, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number: 37-7463825 ☐ 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
HEIDE, KATHLEEN M PHD. UNIV. OF S. FLA. DEPT. OF CRIMINOLOGY 4202 E. FOWLER AVE., SOC. 107 TAMPA FL 33620-8100	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathleen Heide, Ph.D., LMHC 309 South Fielding Tampa, FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eldra P. Solomon, Ph.D. 309 S. Fielding Tampa, FL 33606	☐ Change ☒ Addition ((D)- Past President (Board member)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Allison Benton Jones, MSW, LCSW 309 S. Fielding Tampa, FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christina Bellamy, M.A., LMHC 2805 W. Busch Blvd., Ste. 113 Tampa, FL 33618	☐ Change ☒ Addition ((Board member) ((D)- President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Mullins, LMHC 207 Verne St. Tampa, FL 33606	☐ Change ☒ Addition (D)(Board Member) Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sushama Kirtikar, LMHC 4621 Cloverlawn Dr. Tampa, FL 33624	☐ Change ☒ Addition (Board Member) (D)- President-Elect
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Maureen Corbett, Ph.D. 840 Beach Drive NE St. Petersburg FL 33701	☐ Change ☒ Addition (D) Treasurer (Board Member)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Maureen Corbett, Ph.D. 4/24/00 (727) 826-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #