

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-10-2001 90089 038 ****61.25

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1. Entity Name

TAMPA BAY ASSOCIATION FOR WOMEN PSYCHOTHERAPISTS

Principal Place of Business

Mailing Address

C/O CHRISTINA BELLAMY, LAMC
 2805 W. BUSCH BLVD-STE 113
 TAMPA FL 33618

C/O CHRISTINA BELLAMY, LAMC
 2805 W. BUSCH BLVD-STE 113
 TAMPA FL 33618

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

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 **Sue A. Brewer**
 Street Address (P.O. Box Number is Not Acceptable)
1700 Park St N #109
 City **St Petersburg** FL Zip Code **33710**

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 *Sue A Brewer*

4/13/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SOLOMON, ELDRA P 309 S. FIELDING TAMPA FL 33606 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMPD BALLAMY, CHRISTINA M.A. 2805 W. BUSCH BLVD #113 TAMPA FL 33618 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBMS MULLINS, SUSAN 207 VERNE ST. TAMPA FL 33606 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBMP KIRTIKER, SUSHAMA 4621 CLOVERLAWN DR. TAMPA FL 33624 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORBETT, MAUREEN 840 BEACH DR. NE SAINT PETERSBURG FL 33701 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D Sushama Kirtiker(D) ☒ Change ☐ Addition 4621 Cloverlawn Dr Tampa FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect D Susan Mullins(D) ☒ Change ☐ Addition 207 Verne St Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past President D ☒ Change ☐ Addition Christina Bellamy(D) 2805 W. Busch Blvd #113 Tampa FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary D ☒ Change ☐ Addition Susan Whitney(D) 1562 W. Busch Blvd Suite F Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D ☒ Change ☐ Addition Sue Brewer (D) 1700 Park St N #109 St Petersburg FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Sue A Brewer*

4/13/01

727-347-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (10/00)