

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90156 025 \*\*\*\*61.25

**DOCUMENT # N99000005363**

1. Entity Name

**TAMPA BAY ASSOCIATION FOR WOMEN PSYCHOTHERAPISTS  
 INC.**

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

**BREWER, SUE A**  
**1700 PARK ST N #109**  
**SAINT PETERSBURG FL 33710**

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

*Sue A. Brewer*

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

(NOTE: Registered Agent signature required when reinstating)

**4/17/02**

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          | PD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | KIRTIKAN, SUSHAMA          |                                            |
| STREET ADDRESS | 4621 CLOVERLAWN DR         |                                            |
| CITY-ST-ZIP    | TAMPA FL 33624             |                                            |
| TITLE          | PED                        | <input checked="" type="checkbox"/> Delete |
| NAME           | MULLINS, SUSAN             |                                            |
| STREET ADDRESS | 207 VERNE ST               |                                            |
| CITY-ST-ZIP    | TAMPA FL 33606             |                                            |
| TITLE          | IPPD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | BELLAMY, CHRISTINA         |                                            |
| STREET ADDRESS | 2805 W. BUSCH BLVD #113    |                                            |
| CITY-ST-ZIP    | TAMPA FL 33618             |                                            |
| TITLE          | SD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | WHITNEY, SUSAN             |                                            |
| STREET ADDRESS | 1502 W. BUSCH BLVD SUITE F |                                            |
| CITY-ST-ZIP    | TAMPA FL 33612             |                                            |
| TITLE          | TD                         | <input type="checkbox"/> Delete            |
| NAME           | BREWER, SUE                |                                            |
| STREET ADDRESS | 1700 PARK ST N #108        |                                            |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33710  |                                            |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-ST-ZIP    |                            |                                            |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mullins, Susan             |                                                                              |
| STREET ADDRESS | 207 Verne St               |                                                                              |
| CITY-ST-ZIP    | Tampa FL 33606             |                                                                              |
| TITLE          | PED                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Susan Whitney, Susan       |                                                                              |
| STREET ADDRESS | 1502 W. Busch Blvd Suite F |                                                                              |
| CITY-ST-ZIP    | Tampa FL 33612             |                                                                              |
| TITLE          | IPPD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Kirtikan, Sushama          |                                                                              |
| STREET ADDRESS | 4621 Cloverlawn Dr         |                                                                              |
| CITY-ST-ZIP    | Tampa FL 33624             |                                                                              |
| TITLE          | SD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Mullins, Jean              |                                                                              |
| STREET ADDRESS | 1821 Sugar Brooke Dr       |                                                                              |
| CITY-ST-ZIP    | Tampa FL 33647             |                                                                              |
| TITLE          | TD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Brewer, Sue                |                                                                              |
| STREET ADDRESS | 1700 Park St N #109        |                                                                              |
| CITY-ST-ZIP    | St. Petersburg FL 33710    |                                                                              |
| 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)(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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**

Date

**727-347-3680**

Daytime Phone #

CR2E037 (9/01)