

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90279 046 \*\*\*150.00

**DOCUMENT # P98000004407**

1. Entity Name  
**ADMINISTRATIVE PARTNERS, INC.**

Principal Place of Business  
**201 E. KENNEDY BLVD**  
**850**  
**TAMPA FL 33602**

Mailing Address  
**201 E. KENNEDY BLVD**  
**850**  
**TAMPA FL 33602**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number **59-3486128**

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**

**RILEY, RUSS**  
**201 E. KENNEDY BLVD**  
**STE 850**  
**TAMPA FL 33602**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GACIO, SANDY</b>		NAME		
STREET ADDRESS	<b>201 E. KENNEDY BLVD #712</b>		STREET ADDRESS	<b>201 E. KENNEDY BLVD # 850</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SIMMONS, JOE</b>		NAME		
STREET ADDRESS	<b>201 E. KENNEDY BLVD #712</b>		STREET ADDRESS	<b>201 E. KENNEDY BLVD # 850</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DOUGLAS, DEBORAH</b>		NAME		
STREET ADDRESS	<b>201 E. KENNEDY BLVD #712</b>		STREET ADDRESS	<b>201 E. KENNEDY BLVD # 850</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RILEY, RUSS</b>		NAME		
STREET ADDRESS	<b>201 E. KENNEDY BLVD #712</b>		STREET ADDRESS	<b>201 E. KENNEDY BLVD # 850</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PIERCE, GREG</b>		NAME		
STREET ADDRESS	<b>201 E. KENNEDY BLVD #712</b>		STREET ADDRESS	<b>201 E. KENNEDY BLVD # 850</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph C. Simmons* VP  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOSEPH C. SIMMONS

Date 1/8/01 Daytime Phone # 813-221-0376

CR2E034 (10/00)