## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756198** 

Entity Name: TAMPA BAY RESEARCH INSTITUTE, INC.

Entity Name: TAMPA BAY RESEARCH INSTITUTE, I

**Current Principal Place of Business:** 

10900 ROOSEVELT BLVD NORTH ST PETERSBURG. FL 33716-2308

**Current Mailing Address:** 

10900 ROOSEVELT BLVD NORTH ST PETERSBURG, FL 33716-2308 US

FEI Number: 59-2076218 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TANAKA, AKIKO PH.D. 10900 ROOSEVELT BLVD NORTH ST PETERSBURG, FL 33716 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2016

**Secretary of State** 

CC5743628263

Officer/Director Detail:

Title VC Title CHAIRMAN

Name COOK, CLIFFORD J Name WILLIAMS, MICHAEL E

Address 1 PROGRESS PLAZA, SUITE 165 Address 2849 EXECUTIVE DRIVE, SUITE 120

City-State-Zip: SAINT PETERSBURG FL 33761-4335 City-State-Zip: CLEARWATER FL 33762-5321

Title PT Title TRUSTEE

Name TANAKA, AKIKO DR. Name LOYD, ALLEN H

Address 14827 FEATHER COVE LANE Address 721 BRIGHTWATERS BLVD NE
City-State-Zip: CLEARWATER FL 33762 City-State-Zip: SAINT PETERSBURG FL 33704

Title TRUSTEE Title TRUSTEE

Name BIERLEY, JOHN C Name TODD, BARBARA SHEEN

Address 102 W. WHITING ST., SUITE 302 Address 6107 100TH WAY N.

City-State-Zip: TAMPA FL 33602 City-State-Zip: SAINT PETERSBURG FL 33708

Title TREASURER Title SECRETARY

Name YOUMANS, CHRIS S Name KEARNEY, JOHN E SR.

Address 146 2ND ST. N. SUITE 200 Address 11300 4TH STREET N., #200

City-State-Zip: SAINT PETERSBURG FL 33701 City-State-Zip: SAINT PETERSBURG FL 33716

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AKIKO TANAKA, PH.D.

**PRESIDENT** 

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TRUSTEE Title TRUSTEE

Name HUDSON, HOLLI Name ROIZMAN, BERNARD DR.

Address 11300 4TH ST N #200 Address UNIVERSITY OF CHICAGO 910 EAST 58TH STREET

City-State-Zip: ST. PETERSBURG FL 33716-2940

City-State-Zip: CHICAGO IL 60637-1432

Title TRUSTEE

Name WHITLEY, RICHARD J DR.

Address UNIVERSITY OF ALABAMA AT BIRMINGHAM

303 CHB 1600 7TH AVE S

City-State-Zip: BIRMINGHAM AL 35233-1711