

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90130 048 ****61.25

DOCUMENT # N46518

1. Entity Name

**TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, I
NC.**



Principal Place of Business

**3118 KENSINGTON AVENUE
TAMPA FL 33629**

Mailing Address

**3118 KENSINGTON AVENUE
TAMPA FL 33629**

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 **NOT APPLICABLE**

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

**LESTER, JOHN
3118 KENSINGTON AVENUE
TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WOODS, STEVEN M**
CITY-ST-ZIP **1521 W COMANCHE AVENUE
TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **CLANTON, ROBERT JOHN**
CITY-ST-ZIP **308 E 7TH AVENUE
TAMPA FL 33602**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **SULLIVAN, DAN**
CITY-ST-ZIP **208 VIRGINIA AVENUE WEST
TAMPA, FL 33603**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LESTER, JOHN**
CITY-ST-ZIP **3118 KENSINGTON AVENUE
TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WESTON, ROBERT S.**
CITY-ST-ZIP **4205 PRESERVE PLACE
PALM HARBOR FL 34685**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D (change)**
STREET ADDRESS **PIERCE, LESLIE**
CITY-ST-ZIP **8038 GARDNER RD.
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **PIERCE, LESLIE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D (change)**
STREET ADDRESS **SWANSON, JENNIFER**
CITY-ST-ZIP **1501 W RIVER SHORES WAY
TAMPA FL 33603**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **SWANSON, JENNIFER**
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, and all other information empowered.

SIGNATURE:

JOHN LESTER 2/5/03 813-831-4869

CR2E037 (10/02)

Attachment

90020902

N46518

UNIFORM BUSINESS REPORT (UBR)

Additional Sheet

Title: D
Name: Brown, Timothy M.
Street Address: 910 N. Parsons Avenue
City, St, Zip: Brandon, FL 33510