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

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90256 003 ****61.25

DOCUMENT # N02000000803

1. Entity Name
EAST YBOR HISTORIC & CIVIC ASSOCIATION, INC.

94072949

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O 2401-E. 11TH AV	C/O 2401-EAST 11TH AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL.
Zip: 33605 Country: USA	Zip: 33605 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0409812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: VICKI GIUNTA

Street Address (P.O. Box Number is Not Acceptable): 2401-E. 11TH AV

City: TAMPA **FL** Zip Code: 33605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PRESIDENT
NAME	JERALDINE WILLIAMS SMITH
STREET ADDRESS	2504-12TH AV
CITY-ST-ZIP	TAMPA, FL. 33605
TITLE	VICE PRESIDENT - TREASURER
NAME	FRAN COSTANTINO
STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	CAROLYN
STREET ADDRESS	-25TH STREET
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Geraldine Williams-Smith JERALDINE WILLIAMS SMITH 04-26-04 (813) 248-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #