

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

DOCUMENT # N02000000803

1. Entity Name

EAST YBOR HISTORIC AND CIVIC ASSOCIATION, INC.



Principal Place of Business

2401-EAST 11TH AVE
TAMPA FL 33605

Mailing Address

2401-EAST 11TH AVE
TAMPA FL 33605

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

03-0409812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIUNTA, VICTORIA J
2401-EAST 11TH AVE
TAMPA FL 33605

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, JERALDINE W 2401-EAST 11TH AVE TAMPA FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2504-EAST 12TH AVE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CONSTANTINO, FRAN 2401-EAST 11TH AVE TAMPA FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3216 E. 4th. AVE.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIUNTA, VICTORIA J 2401-EAST 11TH AVE TAMPA FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

JERALDINE WILLIAMS SMITH
Jeraldine Williams Smith

02-17-03 (1813)240-0000

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90109 045 ****61.25

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☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

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