

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90047 035 ****70.00

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DOCUMENT # N03695

1. Corporation Name

UNITED CIVIC ORGANIZATION OF TAMPA, INC.

Principal Place of Business

CENTRO AASTRIANO CLUB
1913 NEBRASKA AVENUE
TAMPA FL 33602

Mailing Address

CENTRO AASTRIANO CLUB
1913 NEBRASKA AVENUE
TAMPA FL 33602



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/15/1984

4. FEI Number

59-1989116

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOPEZ, WALTER M. JR.
3800 BAY TO BAY BLVD
SUITE 11
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Joseph L. Diaz
82 Street Address (P.O. Box Number is Not Acceptable)
2522 W. Kennedy Blvd.
83
84 City TAMPA FL 85 Zip Code 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME TAMAYO, MARIO
STREET ADDRESS 8722 OSAGE DRIVE
CITY-ST-ZIP TAMPA FL 33634
DELETE

TITLE VPD
NAME GOMEZ, GUS
STREET ADDRESS 2909 BARCELONA
CITY-ST-ZIP TAMPA FL 33629
DELETE

TITLE TD
NAME GONZALEZ, CARLOS D
STREET ADDRESS 1205 N MATANZAS
CITY-ST-ZIP TAMPA FL 33607
DELETE

TITLE SD
NAME GONZALEZ, FRANK A
STREET ADDRESS 8214 SUNNY SLOPE DRIVE
CITY-ST-ZIP TAMPA FL 33615
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Raul C. Palamino
1.3 STREET ADDRESS 5814 Idle Forrest Place
1.4 CITY-ST-ZIP Tampa FL 33614
Change Addition

2.1 TITLE VPD
2.2 NAME Gene Perez
2.3 STREET ADDRESS 13801 Glen Manor Ct
2.4 CITY-ST-ZIP Tampa FL 33613
Change Addition

3.1 TITLE TD
3.2 NAME Frank Lopez
3.3 STREET ADDRESS 12707 Sebring Blvd
3.4 CITY-ST-ZIP Tampa FL 33618
Change Addition

4.1 TITLE SD
4.2 NAME Ray Villadonga
4.3 STREET ADDRESS 1210 Beacon Hill Dr.
4.4 CITY-ST-ZIP Tampa FL 33613
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

813-960-3656

Daytime Phone #

CR2E037 (1/98)