

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03695

1. Entity Name

UNITED CIVIC ORGANIZATION OF TAMPA, INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90105 040 ****70.00

Principal Place of Business

Mailing Address

CENTRO AASTRIANO CLUB
1913 NEBRASKA AVENUE
TAMPA FL 33602

CENTRO AASTRIANO CLUB
1913 NEBRASKA AVENUE
TAMPA FL 33602-2525

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

59-1989116

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, JOSEPH L
2522 W. KENNEDY BLVD
TAMPA FL 33609

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME PALAIMINO, RAUL C
STREET ADDRESS 5814 IDLE FORREST PL
CITY-ST-ZIP TAMPA FL 33614

TITLE VPD ☐ Delete
NAME PEREZ, GENE
STREET ADDRESS 13801 GLEN MANOR CT
CITY-ST-ZIP TAMPA FL 33613

TITLE TD ☐ Delete
NAME LOPEZ, FRANK
STREET ADDRESS 12707 SEBRING BLVD
CITY-ST-ZIP TAMPA FL 33618

TITLE SD ☒ Delete
NAME VILLADONGA, RAY
STREET ADDRESS 1210 BEACON HILL DR
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Perez, Gene
STREET ADDRESS 13801 GLEN MANOR CT
CITY-ST-ZIP TAMPA FL 33613

TITLE VPD ☐ Change ☒ Addition
NAME Rodriguez Rene
STREET ADDRESS 3318 PARIS ST.
CITY-ST-ZIP TAMPA FL 33614

TITLE SD ☐ Change ☒ Addition
NAME Rodriguez Rax
STREET ADDRESS 6751 RAISTON BEACH CR.
CITY-ST-ZIP TAMPA FL 33610

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

FRANK Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00

(813) 275-3452
Date Daytime Phone #