

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03695 -

1. Entity 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

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

6. Name and Address of Current Registered Agent

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

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.

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 GENE, PEREZ  
STREET ADDRESS 13801 GLEN MANOR CT  
CITY-ST-ZIP TAMPA FL 33613

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 VPD ☐ Delete

NAME RENE, RODRIGUEZ  
STREET ADDRESS 3318 PARIS ST  
CITY-ST-ZIP TAMPA FL 33614

TITLE SD ☐ Delete

NAME REX, RODRIGUEZ  
STREET ADDRESS 6751 RALSTON BEACH CR  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE REQUIRED

FILED  
May 21, 2001 8:00 am  
Secretary of State

05-21-2001 90039 050 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)