

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N38403**

1. Entity Name

**UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90073 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 280271  
 TAMPA FL 33682

P.O. BOX 280271  
 TAMPA FL 33682-0271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~OEHLER, HAROLD~~  
~~2300 FIRST FLORIDA TOWER~~  
~~141 MADISON STREET~~  
~~TAMPA FL 33602~~

*Charles J. Levin*

Name *Charles J. Levin*

Street Address (P.O. Box Number is Not Acceptable)

*400 N. Ashley Drive, Ste 1950*

City *Tampa*

FL

Zip Code *33602*

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

*Charles J. Levin*

*3-23-00*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD CRIST, VICTOR D.**  
 STREET ADDRESS **7101 COVE PLACE**  
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD MATTHEWS, RUDY**  
 STREET ADDRESS **16910 HANNA ROAD**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD BORREGO, BARBARA**  
 STREET ADDRESS **2225 EAST 131ST AVENUE, APT 3001**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD SANDERSON, JIM**  
 STREET ADDRESS **12307 N 52ND ST**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD MULLER, BARBARA**  
 STREET ADDRESS **12401 N. 22ND ST., #A610**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*Charles J. Levin, President*

*3/30/2000 (813) 558-1212*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)