

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90016 013 ****61.25

DOCUMENT # N38403

1. Entity Name

UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC Association

Principal Place of Business

Mailing Address

P.O. BOX 280271
 TAMPA FL 33682

P.O. BOX 280271
 TAMPA FL 33682

OK

UUU1700



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, CHARLES J
400 N. ASHLEY DRIVE STE 1950
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	CRIST, VICTOR D. 7101 COVE PLACE TAMPA FL 33617		
VPD	MATTHEWS, RUDY 16910 HANNA ROAD LUTZ FL 33549		
VPD	BORREGO, BARBARA 2225 EAST 131ST AVENUE, APT 3001 TAMPA FL 33612		
TD	SANDERSON, JIM 12307 N 52ND ST TAMPA FL		
SD	MULLER, BARBARA 12401 N. 22ND ST., #A610 TAMPA FL 33612		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01

813 978-1957

Date

Daytime Phone #

CR2E037 (10/00)