

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90163 041 \*\*\*\*61.25

**DOCUMENT # N46225**



1. Entity Name  
**TAMPA SISTER CITIES COMMITTEE, INC.**

Principal Place of Business  
**P.O. BOX 5038  
TAMPA FL 33675  
US**

Mailing Address  
**P.O. BOX 5038  
TAMPA FL 33675**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3115512**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, HENRY J  
3944 DORAL DR  
TAMPA FL 33634**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
NAME **FERNANDEZ, HENRY J**  
STREET ADDRESS **3944 DORAL DR**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **SPOTO, JOHN P**  
STREET ADDRESS **1026 MEADOW LANE**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **HUESCA, RENE**  
STREET ADDRESS **3212 ARCH ST**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME **J. FERRARO**  
STREET ADDRESS **706 W. M.L. KING BLVD**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **S**  Delete  
NAME **PALOMINO, PAUL C JR**  
STREET ADDRESS **5814 IDLE FOREST PL**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **PINES, HAZEL**  
STREET ADDRESS **3308 UNION STREET**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **PANDO, JOSEPH**  
STREET ADDRESS **3221 B EMPEORADO ST**  
CITY-ST-ZIP **TAMPA FL 33629**

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**

**3/31/03**

CR2E037 (10/02)