

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

*AMENDMENT*

02-21-2003 90832 014 \*\*\*\*61.25  
09-11-2003 90091 042 \*\*\*\*61.25  
N96000001437

0012843

DOCUMENT # **N96000001437**

1. Entity Name  
**0550 : COMMUNITY INVOLVEMENT AND COMMITMENT CLUB  
OF TAMPA, INC.**



03 SEP 17 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3909 E. CARACAS ST.  
TAMPA FL 33610-6627**

Mailing Address  
**P.O. BOX 11067  
TAMPA FL 33680-1067**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3366018**  
Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**YORK, DOROTHY C  
3909 E. CARACAS ST.  
TAMPA FL 33610-6627**

7. Name and Address of New Registered Agent  
Name **HOLLIDAY JULIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3211 DARLINGTON DRIVE**  
City **TAMPA** FL Zip Code **33619**

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 *Julie B. Holliday*  
Signature, typed or printed name of registered agent and title if applicable.

DATE **9/8/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SIRMONS, ALICE D</b> <b>110 S. WESTLAND AVE</b> <b>TAMPA FL 33608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STARLING, WANDA E</b> <b>2081/2 MELVILLE AVE S.</b> <b>TAMPA FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>DOSS, FRANCES B</b> <b>8744 BUSCH OAKS ST</b> <b>TAMPA FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ECCLES, ANNA L</b> <b>P.O. BOX 302</b> <b>THONOTOSASSA FL 33592</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>YORK, DOROTHY C</b> <b>3909 E. CARACAS ST.</b> <b>TAMPA FL 33610-6627</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HORDGE, PATRICIA L</b> <b>2121 ARCH ST</b> <b>TAMPA FL 33607</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HOLLIDAY JULIE B.</b> <b>3211 DARLINGTON DRIVE</b> <b>TAMPA, FL 33619</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ANDERSON KENNETH</b> <b>304 BRADFORD AVE</b> <b>TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Julie B. Holliday* **JULIE B. HOLLIDAY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/8/03** DAYTIME PHONE # **813-621-4488**  
DATE DAYTIME PHONE #

CR2E037 (4/03)