

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003834

**Entity Name:** CIGAR FAMILY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**2701 16TH STREET  
TAMPA, FL 33605**Current Mailing Address:**PO BOX 2030  
TAMPA, FL 33601**FEI Number:** 59-3735324**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEWIS, SCOTT  
2701 SIXTEENTH STREET  
TAMPA, FL 33605 US*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:** SCOTT LEWIS

04/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DST  
Name NEWMAN, ERIC M  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title DVP  
Name NEWMAN, ROBERT C  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title D  
Name FUENTE, LIANA  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title DP  
Name FUENTE, CARLOS JR  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title D  
Name FUENTE, CYNTHIA  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title D  
Name NEWMAN, LYRIS  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name NEWMAN, ANDREW  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name CASCELLA, CIRO  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC NEWMAN**SECRETARY**

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date