

2020 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

05/01/2020

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**

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date