

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03695

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**9892254546CC**

**Entity Name:** UNITED CIVIC ORGANIZATION OF TAMPA, INC.

**Current Principal Place of Business:**

PETER L. PEREZ  
5114 N. ROME AVE.  
TAMPA, FL 33603

**Current Mailing Address:**

UNITED CIVIC ORGANIZATION OF TAMPA, INC.  
P.O.BOX 4656  
TAMPA, FL 33677 US

**FEI Number:** 59-1989116

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PEREZ, PETER L  
5114 NORTH ROME AVE.  
TAMPA, FL 33603 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GONZALEZ, CHARLES  
Address 1307 LINCOLN AVE  
City-State-Zip: TAMPA FL 33607

Title VP  
Name PEREZ, GENE  
Address 13801 GLEN MANOR CT.  
City-State-Zip: TAMPA FL 33613

Title S  
Name ZUMMO, DOMINIC G  
Address 8305 LAGO VISTA DR.  
City-State-Zip: TAMPA FL 33614

Title T  
Name PEREZ, PETER L  
Address 5114 N. ROME AVE.  
City-State-Zip: TAMPA FL 33603

*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:** PETER PEREZ

**TREASURER**

**04/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date