

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 018280

1. Entity Name

CENTRAL BANK OF TAMPA

Principal Place of Business

Mailing Address

2307 W. KENNEDY BLVD.  
TAMPA FL 33609

2307 W. KENNEDY BLVD.  
TAMPA FL 33609-3301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0558555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERLITA, ANTHONY V  
2307 W KENNEDY BLVD  
TAMPA FL 33609

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FERLITA, ANTHONY V  
STREET ADDRESS 17914 SPENCER RD  
CITY-ST-ZIP ODESSA FL 33556

☐ Delete

TITLE VCD  
NAME MASSARI, FRANK A DR  
STREET ADDRESS 1911 BENDELOW TRAIL  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D  
NAME FICARROTTA, JOSEPH R.  
STREET ADDRESS 3211 AZEELE STREET  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE CD  
NAME FERLITA, JOHN X  
STREET ADDRESS 4815 RIVERSHORE DRIVE  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE EVPD  
NAME LOMBARDIA, BRAULIO J  
STREET ADDRESS 3112 LAUREL STREET  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY V. FERLITA

1/10/00

Date

(813) 253-3302

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90135 046 \*\*\*150.00

00006105



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)