

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90201 032 ****61.25

DOCUMENT # 754628

1. Entity Name

UNIVERSITY SQUARE CIVIC ASSOCIATION, INC.



Principal Place of Business

% SHELDON L. WIND
5700 MEMORIAL HWY., SUITE 102
TAMPA FL 33615

Mailing Address

PO BOX 17792
TAMPA FL 00000

2. Principal Place of Business

3. Mailing

Suite, Apt. #, etc.

Su

City & State

City & S

Zip

Country

Zip

6. Name and Address of Current Registered Agent

WIND, SHELDON L.
5700 MEMORIAL HWY., SUITE 102
TAMPA FL 33615



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2399832

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Name and Address of New Registered Agent

or 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 ☐ Delete
NAME S
STREET ADDRESS KELLEY, MARIAN
CITY-ST-ZIP 10902 N 20TH STREET
TAMPA FL 33612

TITLE ☐ Delete
NAME D D *Correction only*
STREET ADDRESS CHRISTOPHER, MEVYN
CITY-ST-ZIP 1907 E 115TH AVE
TAMPA FL 33612

TITLE ☐ Delete
NAME T
STREET ADDRESS COPELAND, MARY
CITY-ST-ZIP 11112 N. 19TH ST
TAMPA FL 33612-6131

TITLE ☐ Delete
NAME D
STREET ADDRESS WRAY, FAY
CITY-ST-ZIP 11111 N. 20TH STREET
TAMPA FL 33612

TITLE ☐ Delete
NAME D
STREET ADDRESS RAULERSON, ERNEST
CITY-ST-ZIP 1903 E 114TH AVE
TAMPA FL 33612

TITLE ☐ Delete
NAME P
STREET ADDRESS ZERLA, FREDRIC
CITY-ST-ZIP 11111 N 21ST ST
TAMPA FL 33612

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS NYSTROM, Eileen
CITY-ST-ZIP 1919 E 115th Ave
Tampa FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

Mary Copeland

Mary Copeland 2/18/05 (813)977-2319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #