

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757866 (9)

1. Corporation Name

UNIVERSITY AREA CIVITAN CLUB, INC.



Principal Place of Business

2410 PRAIRIE PLACE
LUTZ FL 33549
US

Mailing Address

P. O. BOX 272568
TAMPA FL 33688
US

3. Date Incorporated or Qualified
05/06/1981

3a. Date of Last Report
07/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERSKY, DAVID W.
9631 NORCHESTER CIRCLE
806 JACKSON ST.
TAMPA FL 33647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☐ DELETE

NAME ~~ANTHONY, JAMES~~
STREET ADDRESS ~~9481 HIGHLAND OAKS DR., #201~~
CITY - ST - ZIP ~~TAMPA FL~~

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Sharie Stewart
1.3 STREET ADDRESS 2532 Lake Ellen Ln
1.4 CITY - ST - ZIP Tampa, FL 33618

TITLE ~~VD~~ ☐ DELETE

NAME ~~ANTHONY, JAMES~~
STREET ADDRESS ~~9730 CYPRESS SHADOW AVENUE~~
CITY - ST - ZIP ~~TAMPA FL~~

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ~~SD~~ ☐ DELETE

NAME ~~SHARP, SARA~~
STREET ADDRESS 9730 CYPRESS SHADOW AVENUE
CITY - ST - ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ~~TD~~ ☐ DELETE

NAME MORTELLARO, DOUGLAS
STREET ADDRESS 2410 PRAIRIE PL
CITY - ST - ZIP LUTZ FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ~~D~~ ☐ DELETE

NAME NORTON, JOSEPH T
STREET ADDRESS 10740 56TH ST BAY 190
CITY - ST - ZIP TEMPLE TERRACE FL 33617

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ~~D~~ ☐ DELETE

NAME CAMPBELL, JOHN
STREET ADDRESS 10740 56TH ST BAY 190
CITY - ST - ZIP TEMPLE TERRACE FL 33617

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Date

813-937-4084

Daytime Phone #

CR2E037 (12/95)