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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757866

1. Corporation Name

UNIVERSITY AREA CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 272568
TAMAP FL 33688
US

P. O. BOX 272568
TAMPA FL 33688
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

24 25

29 30

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 P ~~DELETED~~
NAME MORTELLARO, DOUG
STREET ADDRESS 2410 PRAIRIE PLACE
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME WALLACE WILLIAMS
1.3 STREET ADDRESS 11405 TULLAMORE STREET
1.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE D ☐ DELETED
NAME ADEMA, SHIRLEY
STREET ADDRESS 630 HOLLAND AVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ~~DELETED~~
NAME MORTELLARO, DOUG
STREET ADDRESS 2410 PRAIRIE PLACE
CITY-ST-ZIP LUTZ FL

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME SHARON STEWART
3.3 STREET ADDRESS 2532 LAKE ELLEN LANE
3.4 CITY-ST-ZIP TAMPA, FL 33618

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETED
NAME CAMPBELL, JOHN
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 T ☐ DELETED
NAME CRONIN, DAVID
STREET ADDRESS 14535 BRUCE B DOWNS BLVD., #734
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99

813 222-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)