

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757866

1. Entity Name

UNIVERSITY AREA CIVITAN CLUB, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90033 045 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 272568
TAMAP FL 33688
US

P. O. BOX 272568
TAMPA FL 33688-2568
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME WILLIAMS, WALLACE
STREET ADDRESS 11405 TULLAMORE STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE P ☐ Change ☒ Addition
NAME Isabelle Miller
STREET ADDRESS 11507 Orilla Del Rio PL
CITY-ST-ZIP Tampa, FL 33617

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

TITLE D ☐ Change ☒ Addition
NAME Patricia L. Kookor
STREET ADDRESS 8230 Cindy Way
CITY-ST-ZIP Tampa, FL 33637

TITLE VP ☐ Delete
NAME STENART, SHARON
STREET ADDRESS 2533 LAKE ELLEN LANE
CITY-ST-ZIP TAMPA FL 33618

TITLE P ☒ Change ☐ Addition
NAME Stewart, Sharon
STREET ADDRESS 2533 Lake Ellen Lane
CITY-ST-ZIP Tampa, FL 33618

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

TITLE D ☐ Change ☒ Addition
NAME Jack F. Knocke
STREET ADDRESS 214 Forest Park Ave
CITY-ST-ZIP Temple Terrace, FL 33617

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

TITLE S ☐ Change ☒ Addition
NAME Sara Sharp
STREET ADDRESS 4308 Harbor House Dr
CITY-ST-ZIP Tampa, FL 33615

TITLE T ☒ Delete
NAME CRONIN, DAVID
STREET ADDRESS 14535 BRUCE B DOWNS BLVD., #734
CITY-ST-ZIP TAMPA FL

TITLE T ☒ Change ☐ Addition
NAME mortellaro, Douglas
STREET ADDRESS 2410 Prairie PL
CITY-ST-ZIP Lutz, FL 33549

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00

813-909-4211

CR2E037 (9/99)