

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90186 027 ****61.25

DOCUMENT # 757866

1. Entity Name

UNIVERSITY AREA CIVITAN CLUB, INC.

Principal Place of Business

P.O. BOX 272568
TAMAP FL 33688
US

Mailing Address

P. O. BOX 272568
TAMPA FL 33688
US

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

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERSKY, DAVID W.
9631 NORCHESTER CIRCLE
~~888 JACKSON ST.~~
TAMPA FL 33647

*Please remove
line*

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 NAME	P WILLIAMS, WALLACE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11405 TULLAMORE STREET	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME	D MILLER, ISABELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11507 ORILLA DEL RIO PL	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME	P STENART, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	2533 LAKE ELLEN LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE NAME	D NORTON, JOSEPH T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10740 56TH ST BAY 190	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE NAME	D KOOKER, PARTICIA L	<input type="checkbox"/> Delete
STREET ADDRESS	8230 CINDY WAY	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE NAME	D KNOCKE, JACK F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	214 FOREST PARK AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	

TITLE NAME	Shirley Adema	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	630 Holland Ave.	
CITY-ST-ZIP	Temple Terrace, FL 33617-3828	
TITLE NAME	TED GIREVEN CAMP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	605 HERCHEL DR.	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE NAME	VP Stewart, Sharon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2533 Lake Ellen Lane	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE NAME	ST SARA SHARP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4305 HARBOR HOUSE DR	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE NAME	D KOOKER, PATRICIA L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4000 E. FLETCHER AVE APT B208	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE NAME	D MIKE DELK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11250 N. 56th St.	
CITY-ST-ZIP	Temple Terrace, FL 33617	

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 an officer like empowered.

SIGNATURE: *Sara Sharp* SARA S SHARP 1/17/2001 813-978-5412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)