

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005093

1. Entity Name

OAKFORD PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

308 N. BEVERLY AVENUE  
TAMPA, FL 33609

Mailing Address

308 N. BEVERLY AVENUE  
TAMPA FL 33609

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

59-3745158

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

ECHEVARRIA, KATHERINE H  
308 N. BEVERLY AVENUE  
TAMPA FL 33609

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	PD ECHEVARRIA, KATHERINE H	<input type="checkbox"/> Delete
STREET ADDRESS	308 N. BEVERLY AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	VD JACQUI LO CICERO	<input type="checkbox"/> Delete
STREET ADDRESS	609 N. WOODLYNNE AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	SD SICARD, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	3621 W. CARMEN STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	TD PROSSER, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	202 N. BEVERLY AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	D ALVAREZ, LEO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3501 NORTH B STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	D HUDSON, KATHLEEN	<input type="checkbox"/> Delete
STREET ADDRESS	3608 NORTH A STREET	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	JAMES CLEMENTI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	307 N. CLEARVIEW	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Katherine H. Echevarria* KATHERINE H. Echevarria 1-10-02 813-877-3357

FILED  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90020 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)