

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90224 008 ****70.00

DOCUMENT # N01000007337

1. Entity Name

TAMPA FRIEND OF A FRIEND ALS FOUNDATION INC.



Principal Place of Business

**1314 CARISSA CT.
TAMPA FL 33604**

Mailing Address

**1314 CARISSA CT.
TAMPA FL 33604**

2. Principal Place of Business

6316 Forrestal Drive

3. Mailing Address

6316 Forrestal Drive

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33625

Country

USA

Zip

33625

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3755022**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SISSON, LARRY

**218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

Dino M. Scanio

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

6316 Forrestal Drive

City

Tampa

FL

Zip Code

33625

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dino M. Scanio

Dino M. Scanio

02/07/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SCANIO, VINCENT IV**
STREET ADDRESS **1314 CARISSA CT.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **VD** ☐ Delete
NAME **CURA, DAVID**
STREET ADDRESS **5004 W DICKENS AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **SD** ☐ Delete
NAME **CORDOVEZ, LORENZO**
STREET ADDRESS **4744 WHISPERING WIND**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **TD** ☐ Delete
NAME **CURA, MARCUS**
STREET ADDRESS **5002 W. DICKENS ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **DINO M. SCANIO**
STREET ADDRESS **6316 FORRESTAL DRIVE**
CITY-ST-ZIP **TAMPA, FLORIDA 33625**

TITLE **VD** ☐ Change ☒ Addition
NAME **JESSE PEREZ, JR.**
STREET ADDRESS **1925 WEST CLINTON STREET**
CITY-ST-ZIP **TAMPA, FLORIDA 33604**

TITLE **D** ☒ Change ☐ Addition
NAME **VINCENT SCANIO, IV**
STREET ADDRESS **1314 CARISSA COURT**
CITY-ST-ZIP **TAMPA, FLORIDA 33604**

TITLE **D** ☒ Change ☐ Addition
NAME **DAVID CURA**
STREET ADDRESS **5004 WEST DICKENS AVENUE**
CITY-ST-ZIP **TAMPA, FLORIDA 33629**

TITLE **D** ☒ Change ☐ Addition
NAME **LORENZO CORDOVES**
STREET ADDRESS **4744 WHISPERING WIND**
CITY-ST-ZIP **TAMPA, FLORIDA 33614**

TITLE **D** ☒ Change ☐ Addition
NAME **MARCOS CURA**
STREET ADDRESS **5002 WEST DICKENS AVENUE**
CITY-ST-ZIP **TAMPA, FLORIDA 33629**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Dino M. Scanio

Dino M. Scanio 02/07/2003 813-960-0612

CR2E037 (10/02)