

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90235 022 ****61.25

DOCUMENT # N02000001487

1. Entity Name
FLORIDA CIOCOUNCIL, INC.



Principal Place of Business

**1207 N. HIMES AVENUE
TAMPA FL 33607**

Mailing Address

**1207 N. HIMES AVENUE
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

4532 W Kennedy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33609

USA

4. FEI Number

02-0562734

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

TULLO, ANDREA T

**7819 NORTH DALE MADRY HIGHWAY
SUITE 210
TAMPA FL 33614**

Name

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

101 E Kennedy Blvd

STE 2800 P.O. Box 172609

City

Tampa

FL

Zip Code

33672

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **Warren Rodger**
CITY-ST-ZIP **4532 W Kennedy Blvd #301 Tampa, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Officer / Director**
STREET ADDRESS **Zena Lansky**
CITY-ST-ZIP **1001 David Rd E. Clearwater FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Officer / Director**
STREET ADDRESS **Phillip Chan**
CITY-ST-ZIP **17809 Osprey Pointe Place Tampa, FL 33657**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Officer / Director**
STREET ADDRESS **Mark Cain**
CITY-ST-ZIP **3804 Saddle Ridge St. Valrico, FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **SIGNATURE REQUIRED ZENA LANSKY 3-28-03 813-888-5835**

CR2E037 (10/02)