2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N02000006956

Entity Name: SOUTH TAMPA COMMUNITY DEVELOPEMNT CORPORATION

Current Principal Place of Business:

6904 S FITZGERALD ST
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

6904 S FITZGERALD ST
TAMPA, FL 33616

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUFORD, JILL
6904 S FITZGERALD ST
TAMPA, FL 33616

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUFORD, JILL
Address: 6904 S FITZGERALD ST
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: WEST, ROBERT
Address: 7514 S ELLIOT ST
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: CURTISS, CAROL
Address: P BOX 19304
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: CAPLAN, ELISE
Address: 418 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: DWYER, KEVIN
Address: 6904 S FITZGERALD ST
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL BUFORD D 04/30/2003

Electronic Signature of Signing Officer or Director — Date