

FILED
May 01, 2007 8:00 am
Secretary of State

04-12-2007 90026 047 ****61.25

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

4/1

DOCUMENT # **N03000004814**
1. Entity Name
FLORIMEZZO

66012304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2847 1ST ST NE
Suite, Apt #, etc

3. Mailing Address
2847 1ST ST NE
Suite, Apt. #, etc,

DO NOT WRITE IN THIS SPACE

City & State
ST PETERSBURG, FL

City & State
ST PETERSBURG, FL

4. FEI Number
58-0550935
Applied For
☐ Not Applicable

Zip
33704
Country

Zip
33704
Country

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
JESSICA CALANDRA
Street Address (P.O. Box Number is Not Acceptable)
2847 1ST ST NE
City
ST PETERSBURG FL Zip Code
33704

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 _____

FEE IS \$61.25
Initial or Amended UBR

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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC DIR JESSICA CALANDRA 2847 1ST ST NE ST PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTISTIC DIR MARK SFORZINI 515 S HALE AVE TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIRMAN CAROLYN WEBBER 4245 BURLINGTON AVE N ST PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER TODD TUCKER 1509 DEER TREE LANE BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER GAYLE BERTELSTEIN 5110 W LONGFELLOW AVE TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER JOHN GONZALES 706 W PLAZA PLACE TAMPA, FL 33602	TITLE 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5/29/07** Daytime Phone # _____