2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03695

FILED Feb 08, 2009 Secretary of State

Entity Name: UNITED CIVIC ORGANIZATION OF TAMPA, INC.

Current Principal Place of Business: New Principal Place of Business:

JOSÉ R. CALDEVILLA PETER L. PEREZ 4609 N. EDDY DR. 5114 N. ROME AVE. TAMPA, FL 33603 TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

UNITED CIVIC ORGANIZATION OF TAMPA, INC. P.O.BOX 4656 TAMPA, FL 33677 US

FEI Number: 59-1989116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALDEVILLA, JOSÉ R 4609 N. EDDÝ DR. TAMPA, FL 33603 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ZUMMO, JR., JIMMIE LOPEZ, FRANK Name: Name: 18423 BITTERN AVE. Address: 8305 LAGO VISTA DR. Address:

City-St-Zip: LUTZ, FL 33558 US City-St-Zip: TAMPA, FL 33614 US

Title: () Delete Title: (X) Change () Addition RODRIGUEZ, REX Name: PEREZ, GENE Name:

Address: 6751 RALSTON BEACH CIR. Address: 13801 GLEN MANOR CT. City-St-Zip: TAMPA, FL 33610 US City-St-Zip: TAMPA, FL 33613 US

Title: () Delete Title: (X) Change () Addition CALDEVILLA, JOSÉ R ZUMMO, DOMINIC G Name: Name:

4609 N. EDDY DR. 8305 LAGO VISTA DR. Address: Address: City-St-Zip: TAMPA, FL 33603 US City-St-Zip: TAMPA, FL 33614 US

() Delete Title: SD Title: (X) Change () Addition

Name: VILLADONGA, RAY Name: PEREZ, PETER L Address: 2129 WEST PERIO Address: 5114 N. ROME AVE. City-St-Zip: TAMPA, FL 33612 US City-St-Zip: TAMPA, FL 33603 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER L. PEREZ Т 02/08/2009