

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05587

1. Entity Name

INDEPENDENT COMMUNITY FOUNDATION, INC.

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90282 038 ****61.25

Principal Place of Business

Mailing Address

C/O BEATRICE SPEARMAN
4705 E. 18TH AVENUE
TAMPA FL 33605

C/O BEATRICE SPEARMAN
418 E EMILY ST
TAMPA FL 33603
US

2. Principal Place of Business

Beatrice Spearman

Suite, Apt. #, etc.

3. Mailing Address

418 E. Emily Street

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2458420

Applied For

Not Applicable

Zip

33603

Country

Hillsborough

Zip

33603

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEARMAN, BEATRICE W.
2420 E. EMMA STREET
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SPEARMAN, BEATRICE W.
2420 E EMMA
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPEARMAN, LINDA M
1908 19TH AVENUE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPEARMAN RICHARD E.
1908 19TH AVE.
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Beatrice Spearman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beatrice Spearman 2/27/01

Date

Daytime Phone #

CR2E037 (10/00)