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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17127** **(4)**

1. Corporation Name
THE YBOR CITY ROUND TABLE, INC.

Principal Place of Business	Mailing Address
PO BOX 75774 TAMPA FL 33675-0774	PO BOX 75774 TAMPA FL 33675-0774

3. Date Incorporated or Qualified: 10/02/1986

4. FEI Number: 59-2997601 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LETO, SAM D.
6402 GANT RD
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SANCHEZ, DAVID R		1.2 NAME	ANGELO SPICOLA	
STREET ADDRESS	314 RIVER POINT DR		1.3 STREET ADDRESS	1014 66th Street	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL. 33619	
TITLE	D	☒ DELETE	2.1 TITLE	2nd VPD	☒ Change ☐ Addition
NAME	OBRIEN, MORBERT	This person has never been a member of our organization	2.2 NAME	David R. SANCHEZ	
STREET ADDRESS	2748 NE 28 AVE #5		2.3 STREET ADDRESS	314 River Point Dr.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL.	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YORKS, DONNA J		3.2 NAME		
STREET ADDRESS	5911 BIRCHWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	1st VPD	☒ Change ☐ Addition
NAME	MURPHY, ROBERT	This person has never been a member I don't know this person	4.2 NAME	SAM D. LETO	
STREET ADDRESS	2748 NE 28 AE #8		4.3 STREET ADDRESS	13347 CAIN Rd.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL. 33625	
TITLE	CSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPOTO, LAURA		5.2 NAME		
STREET ADDRESS	110 ALEMEDA CT., APT 132		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CICIO, ANTHONY		6.2 NAME		
STREET ADDRESS	3306 CORDELIA ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna J. Yorks DONNA J. YORKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date