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03-11-1999 90105 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17127

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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

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

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

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 Sam D Leto 3-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPICOLA, ANGELO		1.2 NAME		
STREET ADDRESS	1014 66TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, DAVID R		2.2 NAME		
STREET ADDRESS	314 RIVER POINT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
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	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LETO, SAM D		4.2 NAME		
STREET ADDRESS	13347 CAIN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		4.4 CITY-ST-ZIP		
TITLE	CSD	☐ DELETE	5.1 TITLE	CSD	☒ Change ☐ Addition
NAME	SPOTO, LAURA		5.2 NAME	DALIA SANCHEZ	
STREET ADDRESS	110 ALEMEDA CT., APT 132		5.3 STREET ADDRESS	314 River Point DR.	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA FL	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Donna Spoto SIGNATURE REQUIRED 3-8-99 813-276-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #