2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17127

1. Entity Name

THE YBOR CITY ROUND TABLE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90002 024 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LETO, SAM D. 6402 GANT RD TAMPA FL 33625	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: Sam D. Leto SAM D. Leto 2nd VP 4-1-2000

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPICOLA, ANGELO 1014 66TH ST TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bob, PARRADO 7922 Flowerfield Dr TAMPA FL 33615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANCHEZ, DAVID R 314 RIVER POINT DR TAMPA FL	☒ Delete Deceased	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VP ANGELO, SPICOLA 13815 Chandron Dr. Odessa FL 33556	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YORKS, DONNA J 5911 BIRCHWOOD DR. TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER-D DONNA J. YORKS 5911 BIRCHWOOD DR TAMPA, FL 33625	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LETO, SAM D 13347 CAIN RD TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VP SAM D. LETO 13347 CAIN Rd TAMPA FL 33625	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD SANCHEZ, DALIA 314 RIVER POINT DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CICIO, ANTHONY 3306 CORDELIA ST TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RECORDING SECRETARY ANNA RAMOS 2503 N. GLEN Ave TAMPA FL. 33607	☒ Change ☐ Addition

CR2E037 (9/99)

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: Donna J. York DONNA J. YORKS 3-29-2000 (813) 969-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #