

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17127

1. Entity Name

THE YBOR CITY ROUND TABLE, INC.

Principal Place of Business

PO BOX 75774
TAMPA FL 33675-0774

Mailing Address

PO BOX 75774
TAMPA FL 33675-0774

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

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
BOB, PARRADO
7922 FLOWERFIELD DR
TAMPA FL 33615 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President-DIRECTOR
ROLANDO, MARTINO
7514 N. Coolidge Ave.
TAMPA Florida 33614 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VPD
SPICOLA, ANGELO
13815 CHANDRON DR
ODESSA FL 33556 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VPD
LETO, SAM D
13347 CAIN RD
TAMPA FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
CORRESPONDING SEC. DIR
CONNIE SEDITA
6625 BAY BROOKS Circle
Temple TERRACE, FL 33617 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RS
RAMOS, ANNA
2503 N GLEN AVE
TAMPA FL 33607 ☐ Delete

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

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:

UNNOTARIZED SIGNATURE OF DONNA J. YORKS

TREASURER 330-01

813-969-1797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0060721

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90018 046 *****61.25

151233



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