

2002 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

DO NOT WRITE IN THIS SPACE

FEI Number

59-2997601

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

LETO, SAM D.
6402 GANT RD
TAMPA FL 33625

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROLANDO, MARTINO
STREET ADDRESS 7514 N. COOLIDGE AVE.
CITY-ST-ZIP TAMPA FL 33614 ☐ DeleteTITLE TVPD
NAME SPICOLA, ANGELO
STREET ADDRESS 13815 CHANDRON DR
CITY-ST-ZIP ODESSA FL 33556 ☐ DeleteTITLE TD
NAME YORKS, DONNA J
STREET ADDRESS 5911 BIRCHWOOD DR.
CITY-ST-ZIP TAMPA FL 33625 ☒ DeleteTITLE ZVPD
NAME LETO, SAM D
STREET ADDRESS 13347 CAIN RD
CITY-ST-ZIP TAMPA FL 33625 ☒ DeleteTITLE CSD
NAME SEDITA, CONNIE
STREET ADDRESS 6625 BAY BROOKS CIRCLE
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☒ DeleteTITLE RS
NAME RAMOS, ANNA
STREET ADDRESS 2503 N GLEN AVE
CITY-ST-ZIP TAMPA FL 33607 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROLANDO MARTINO
STREET ADDRESS 4450 NO. ARMENIA
CITY-ST-ZIP TAMPA, FLORIDA 33603 ☒ Change ☐ AdditionTITLE ZVP
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE TD
NAME ALBERT NIETO
STREET ADDRESS 4200 BRACHWAY DR
CITY-ST-ZIP TAMPA FLA 33609 ☒ Change ☒ AdditionTITLE IVP
NAME ANGELO PEREZ
STREET ADDRESS 4308 GAINSBOROUGH CT
CITY-ST-ZIP TAMPA, FLA 33624 ☒ Change ☒ AdditionTITLE DIRECTOR
NAME MARY MCCATTY
STREET ADDRESS 4200 BRACHWAY DR
CITY-ST-ZIP TAMPA, FLA 33609 ☐ Change ☒ AdditionTITLE RS
NAME JOANNA WALKER
STREET ADDRESS 1508 SO. CLARK AVE
CITY-ST-ZIP TAMPA, FLA 33620 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)