3/25/02-90169-018-$70.00-$70.00

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 AUG 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N17127

1. Entity 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		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: ROLANDO MARTINO Street Address (P.O. Box Number is Not Acceptable): 4450 NO. ARMENIA City: TAMPA FL Zip Code: 33603

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: Rolando L. Martino TD ROLANDO MARTINO 2-19-02

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	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	ROLANDO, MARTINO	NAME	ROLANDO MARTINO
STREET ADDRESS	7514 N. COOLIDGE AVE.	STREET ADDRESS	4450 NO. ARMENIA
CITY-ST-ZIP	TAMPA FL 33614	CITY-ST-ZIP	TAMPA, FLORIDA 33603
TITLE	1VPD ☐ Delete	TITLE	2 VP ☒ Change ☐ Addition
NAME	SPICOLA, ANGELO	NAME	
STREET ADDRESS	13815 CHANDRON DR	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	
TITLE	TD ☒ Delete	TITLE	TD ☒ Change ☒ Addition
NAME	YORKS, DONNA J	NAME	ALBERT NIETO
STREET ADDRESS	5911 BIRCHWOOD DR.	STREET ADDRESS	4200 BEACHWAY DR
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	TAMPA FLA 33609
TITLE	2VPD ☒ Delete	TITLE	1 VP ☒ Change ☒ Addition
NAME	LETO, SAM D	NAME	ANGELO PEREZ
STREET ADDRESS	13347 CAIN RD	STREET ADDRESS	4308 GAINSBOROUGH CT
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	TAMPA, FLA 33624
TITLE	CSD ☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SEDITA, CONNIE	NAME	MARY MCCATTY
STREET ADDRESS	6625 BAY BROOKS CIRCLE	STREET ADDRESS	4200 BEACHWAY DR
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	CITY-ST-ZIP	TAMPA, FLA 33609
TITLE	RS ☒ Delete	TITLE	RS ☐ Change ☒ Addition
NAME	RAMOS, ANNA	NAME	JOANNA WALKER
STREET ADDRESS	2503 N GLEN AVE	STREET ADDRESS	1508 SO. CLARK AVE
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	TAMPA, FLA 33620

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: [illegible] ALBERT NIETO 2-19-02 (813) 239-0969

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

CR2E037 (9/01)