

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18249

1. Entity Name

LOGGIA UNITA #2015

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90088 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3315 LEMON STREET  
TAMPA FL 33609

3315 LEMON STREET  
TAMPA FL 33609-1431

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

59-2878356

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

LILES, MARIAN M  
5807 MABEL ST  
TAMPA, FL  
TAMPA FL 33610

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

*Marian M Liles*

4-13-00

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 P ☐ Delete  
NAME LILES, MARIAN  
STREET ADDRESS 5807 MABEL ST  
CITY-ST-ZIP TAMPA FL

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

TITLE V ☒ Delete  
NAME CAPITANO, NICK JR  
STREET ADDRESS 16003 CHASTAIN RD  
CITY-ST-ZIP ODESSA FL

TITLE ☒ Change ☐ Addition  
NAME V. VINCENT TERRANA  
STREET ADDRESS 902 S. STERLING AVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE FSD ☐ Delete  
NAME GIOVENCO, ROSE M  
STREET ADDRESS 4702 JOSEPH CT #210  
CITY-ST-ZIP TAMPA FL 33614

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

TITLE T ☒ Delete  
NAME FERNANDEZ, MARIE A  
STREET ADDRESS 612 N HABANA  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition  
NAME T. LYNN SUAREZ  
STREET ADDRESS 2424 W. TAMPA BAY BLVD  
CITY-ST-ZIP TAMPA, FL 33607 # M 202

TITLE S ☐ Delete  
NAME ADAMO, PHIL  
STREET ADDRESS 3015 MASON PL  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE T ☒ Delete  
NAME SEBASTAIN, MARABELLA  
STREET ADDRESS 4141 BAYSHORE BLVD #701  
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME T. CHRIS SCAGLIONE  
STREET ADDRESS 3419 W. CASS ST  
CITY-ST-ZIP TAMPA, FL 33609

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:

*Marian M Liles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00