FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27355** (9)

1. Corporation Name

UNIVERSITY COMMUNITY CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5116 E. 122ND AVE.~~ ~~TAMPA FL 33617-1461~~	~~5116 E. 122ND AVE.~~ ~~TAMPA FL 33617-1461~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1988	3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-3028972	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.: 5017 E. 127th Ave	27 Suite, Apt. #, etc.: 5017 E. 127th Ave
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33617 25 County: Hillsborough	29 Zip: 33617 30 County: Hillsborough

9. Name and Address of Current Registered Agent

~~HUSKA, PAUL N.~~
~~5116 E. 122ND AVE.~~
~~TAMPA FL 33617~~

10. Name and Address of New Registered Agent

81 Name: Bill Fain
82 Street Address (P.O. Box Number is Not Acceptable): 5017 E. 127th Ave
83
84 City: Tampa, FL 85 ZIP Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bill Fain DATE: 7/9/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FAIN, BILL	12 NAME	
STREET ADDRESS	5017 127 AVE E.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SANDERSON, JIM	22 NAME	
STREET ADDRESS	12307 N. 52ND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DAVID WALLACE	32 NAME	
STREET ADDRESS	13106 N. 53RD STREET	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	PAUL HUSKA	42 NAME	
STREET ADDRESS	5116 E. 122ND STREET	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	EVELYN PANZER	52 NAME	
STREET ADDRESS	5301 E. 131ST AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BETTY ENLOW	62 NAME	
STREET ADDRESS	5204 E. 127TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill Fain Bill Fain 7/9/95 (813) 988-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014322