

FILE NOW; FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N27355 (9)

1. Corporation Name

UNIVERSITY COMMUNITY CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12301 N 52ND ST  
TAMPA FL 33617  
US

12301 N 52ND ST  
TAMPA FL 33617-1423  
US



3. Date Incorporated or Qualified  
07/11/1988

3a. Date of Last Report  
05/01/1996

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMASINO, SHERRILL M.  
12301 N 52ND ST  
TAMPA FL 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS TOMASINO, SHERRILL M.  
CITY-ST-ZIP 12301 N 52ND ST  
TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS GILES, JOHN  
CITY-ST-ZIP 11712 N 51ST ST  
TAMPA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS DURSO, JERRI  
CITY-ST-ZIP 12305 N 52ND ST  
TAMPA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS SHEFFIELD, SHARON  
CITY-ST-ZIP 12210 N 52ND ST  
TAMPA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS COHEE, JACK  
CITY-ST-ZIP 5016 E 122ND AVE  
TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS WILLIAMS, LANIER  
CITY-ST-ZIP 12811 N 51ST ST  
TAMPA FL

2.2 NAME ☐ Change ☐ Addition

14. I do 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 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

Sharon Sheffield

CR2E037 (9/96)