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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # N27355

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UNIVE	RSITY COMMUNITY CIVIC	ASSOCIATION, INC.								
Principal Place	e of Business	Malling Address				T LOBYLEAN SIN LIANT AND NATUR	Diligi allı bidi	II Bir ik bib ik bib il	BABAT BIONI NODI	
12301 N 52ND ST TAMPA FL 33617 US		12301 N 52ND ST TAMPA FL 33617 US			3. Date Incorporated or Quali 07/11/1988	fied				
						4. FEI Number 59-3028972		-	Applied For Not Applicable	
2. Principal Place of Business 1 Sulte, Apt. #, etc. 2		2a. Malling Address 25 Suite, Apt. #, etc.					40.7	Additional		
					5. Certificate of Status Desired					
					6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees					
City & State	9	City & State				7. Is this nonprofit corporation				
3		28			<u> </u>		☐ Yes			
Zip	Country	Zip	Cour	ntry		8. This corporation owes or ha	•	· · · · ·		
24	9. Name and Address of Curr	29 rent Registered Agent	30			Personal Property Tax due 10. Name and Address of Ner		red Agent	₩ No	
				81 1	Name	19. 114.115 21/2 1140.155 31 115				
TOMASINO, SHERRILL M. 12301 N 52ND ST TAMPA FL 33617			-	82 5	Stroot Add					
				,	Stieet Aug	Address (P.O. Box Number is Not Acceptable)				
			F	83			•			
				84 (City			. 85 Zi	p Code	
				ſ			ľ	FL C		
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida State of Florida, Such change wa	utes, the ab	ove-n	named cor	poration submits this statement for	the purpos	se of changing) its registered as registered	
SIGNATURE .	Signature, typed or printed name of registered	agent and this if applicable. (N	OTE Registered			poration submits this statement for ation's board of directors. I hereby a client when reinstaling)	DAT	TE		
SIGNATURE .	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (N	OTE: Registered	Agents			DAT	TE AND DIRECTO	DRS IN 12	
SIGNATURE .	Signature, typed or printed name of registered OFFICERS A	agent and this if applicable. (N	OTE: Registered 13.	Agent s		ulred when reinstating)	DAT	TE	ORS IN 12	
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (N	OTE: Registered	Agent s LE ME	elgnature requ	ulred when reinstating)	DAT	TE AND DIRECTO	ORS IN 12	
SIGNATURE . 12. TITLE NAME	Signature, typed or priviled name of regressive OFFICERS A PD TOMASINO, SHERRILL M. 12301 N 52ND ST TAMPA FL	agent and the if applicable (N AND DIRECTORS DELETE	OTE: Registered 13. 1.1 Titl 1.2 NAI	Agent s LE ME SEET AD	elgnature requi	ulred when reinstating)	DAT	TE AND DIRECTO Change	ORS IN 12 e Additio	
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IGNATURE: Swall Constitute (Sherrill M. Tomasino, President 4/21/98 813.988.91