

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90099 041 \*\*\*\*61.25

DOCUMENT # N27355

1. Corporation Name

UNIVERSITY COMMUNITY CIVIC ASSOCIATION, INC.

Principal Place of Business

12301 N 52ND ST  
TAMPA FL 33617  
US

Mailing Address

12301 N 52ND ST  
TAMPA FL 33617  
US



2. Principal Place of Business

21 12210 52nd St.

Suite, Apt. #, etc.

22 City & State  
Tampa FL

23 Zip Country  
33617 U.S.

24 33617 25 U.S.

2a. Mailing Address

26 12210 52nd St.

Suite, Apt. #, etc.

27 City & State  
Tampa FL

28 Zip Country  
33617 U.S.

29 33617 30 U.S.

3. Date Incorporated or Qualified

07/11/1988

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Sharon Sheffield

82 Street Address (P.O. Box Number is Not Acceptable)  
12210 52nd St.

83

84 City Tampa FL 85 Zip Code 33617

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 Sharon Sheffield - Sharon Sheffield Treasurer 4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☒ DELETE

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

☐ DELETE

TITLE SD  
NAME SCHNABEL, JEAN  
STREET ADDRESS 5106 E 127TH AVE  
CITY-ST-ZIP TAMPA FL 33617

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE D  
NAME WILLIAMS, LANIER  
STREET ADDRESS 12611 N 51ST ST  
CITY-ST-ZIP TAMPA FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Hankenson, Craig  
1.3 STREET ADDRESS 5109 Oakhaven Lane  
1.4 CITY-ST-ZIP Tampa FL 33617

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME Williams, Veronica  
6.3 STREET ADDRESS 12611 N. 51st Street  
6.4 CITY-ST-ZIP Tampa FL 33617

☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sharon Sheffield 4/28/99 813-988-0956

Date

Daytime Phone #

CR2E037 (1/198)