2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N39497** May 26, 2000 8:00 am 1. Entity Name Secretary of State PWA COALITION OF TAMPA BAY, INC. 05-26-2000 90079 033 ****70.00 Mailing Address Principal Place of Business P. O. BOX 9731 6501 N NEBRASKA AVE TAMPA FL 33674-9731 TAMPA FL 33604 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3050586 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSaph Philip Incardone O Box Number is Not Acceptable) PARKS, RONALD W 106 W IDA ST **TAMPA FL 33603** 33617 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. d or printed name of registered agent and title Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Joseph Philip Incardone PRASIDENT ☐ Addition TITLE SD TITLE Delete MARTIN, KEN NAME NAME 4711 & Linebash Ave STREET ADDRESS STREET ADDRESS 2413 LINEBAUGH ampa fc 33617 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** huck PROBERT Change Addition Delete TITLE TITLE NAME BALDWIN, JOHNNY NAME 500 5 Homes Block STREET ADDRESS STREET ADDRESS 6601 #197 S WESTSHORE BLVD Tampa fe 33609 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33616** ecetaly Bryan ☐ Change - ☐ Addition Delete 1402 E 1377 Ave #C DOZEPIERSKI, MARK NAME STREET APPORESS STREET ADDRESS 5810 N MIAMI PL Tampa FL 33613 CITY-S -ZIP CITY-ST-ZIP TAMPA FL 33604 Rausoral □ Change Addition | TITLE, Delete JIMMY N KON NAME PARKS, RON 1009 w Bladdock ST FREET ADDRESS STREET ADDRESS 106 W IDA ST Tampa FL 33663 CITY-ST-ZIP CITY-ST-ZIP Tampa Fl DIRECTOR PRZEPIERSKI Change Addition TITLE □ Delete NAME NAME YATES, RICKY 5810 N MIAMI AVE STREET ADDRESS STREET ADDRESS **4014 MARGUERITE** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 ☐ Addition TITLE Change Defete TITLE INCARDONE, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS **4711 E LINEBAUGH** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #