

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90170 011 \*\*\*\*61.25

**DOCUMENT # N93000003417**

1. Entity Name

**NEW TAMPA COMMUNITY COUNCIL, INC.**



Principal Place of Business

**PO BOX 46775  
TAMPA FL 33647  
US**

Mailing Address

**PO BOX 46775  
TAMPA FL 33647  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3207454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAUGL, GEORGE C JR  
8903 REGENTS PARK DR  
STE 110  
TAMPA FL 33647**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **DV** ☒ Delete  
NAME **POLAND, CAROL**  
STREET ADDRESS **17621 ESPRIT DR**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ **GARY PRESIDENT** ☐ Change ☒ Addition  
NAME **GARY NAGER** **D**  
STREET ADDRESS **15345 Amberly Dr.**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ **DP** ☒ Delete  
NAME **GRINNELL, LYNN**  
STREET ADDRESS **9908 COLONNADE DR**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **FRANK MARGARELLA** **D**  
STREET ADDRESS **9405 Willow Cove Court**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ **DT** ☐ Delete  
NAME **PALMER, MATTHEW** **D**  
STREET ADDRESS **4928 EBENBURG DRIVE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ **DFS** ☐ Delete  
NAME **WEINER, TODD** **D**  
STREET ADDRESS **14201 BRUCE B. DOWNS BLVD. #1**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/15/03**

**(813) 910-2575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)