

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001437

1. Entity Name

0550 : COMMUNITY INVOLVEMENT AND COMMITMENT CLUB

Principal Place of Business

Mailing Address

3909 E. CARACAS ST.
TAMPA FL 33610-6627

P.O. BOX 11067
TAMPA FL 33680-1067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3366018

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YORK, DOROTHY C
3909 E. CARACAS ST.
TAMPA FL 33610-6627

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SIRMONS, ALICE D
STREET ADDRESS 110 S. WESTLAND AVE
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D ☐ Delete
NAME STARLING, WANDA E
STREET ADDRESS 2081/2 MELVILLE AVE S.
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D ☐ Delete
NAME DOSS, FRANCES B
STREET ADDRESS 8744 BUSCH OAKS ST
CITY-ST-ZIP TAMPA FL 33617

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

TITLE D ☐ Delete
NAME ECCLES, ANNA L
STREET ADDRESS P.O. BOX 302
CITY-ST-ZIP THONOTOSASSA FL 33592

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

TITLE D ☐ Delete
NAME YORK, DOROTHY C
STREET ADDRESS 3909 E. CARACAS ST.
CITY-ST-ZIP TAMPA FL 33610-6627

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

TITLE D ☐ Delete
NAME HORDGE, PATRICIA L
STREET ADDRESS 2121 ARCH ST
CITY-ST-ZIP TAMPA FL 33607

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: Dorothy C. York Feb. 22, 2000 (813) 232-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90011 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)