

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001437**

1. Entity Name

0550 : COMMUNITY INVOLVEMENT AND COMMITMENT CLUB

Principal Place of Business

**3909 E. CARACAS ST.
TAMPA FL 33610-6627**

Mailing Address

**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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SIRMONS, ALICE D	
STREET ADDRESS	110 S. WESTLAND AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARLING, WANDA E	
STREET ADDRESS	2081/2 MELVILLE AVE S.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOSS, FRANCES B	
STREET ADDRESS	8744 BUSCH OAKS ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECCLES, ANNA L	
STREET ADDRESS	P.O. BOX 302	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input type="checkbox"/> Delete
NAME	YORK, DOROTHY C	
STREET ADDRESS	3909 E. CARACAS ST.	
CITY-ST-ZIP	TAMPA FL 33610-6627	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORDGE, PATRICIA L	
STREET ADDRESS	2121 ARCH ST	
CITY-ST-ZIP	TAMPA FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
Dorothy C. York

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001 **April 25, 2001** *(813)232-1522*
Date Daytime Phone #**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90033 043 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3366018

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)