

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0079417

DOCUMENT # N96000001437

1. Entity Name

**0550 : COMMUNITY INVOLVEMENT AND COMMITMENT CLUB
 OF TAMPA, INC.**

04-02-2002 90872 011 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number

59-3366018

Applied For

Not Applicable

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2002
 Date

Daytime Phone #

CR2E037 (9/01)