

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

AMENDED

02-21-2003 90832 014 \*\*\*\*61.25  
09-11-2003 90091 042 \*\*\*\*61.25  
N96000001437

0012043

DOCUMENT # N96000001437

1. Entity Name

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



03 SEP 17 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

7. Name and Address of New Registered Agent

Name

HOLLIDAY JULIE

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

3311 DARLINGTON DRIVE

City

TAMPA

FL

Zip Code

33619

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

*Julie B. Holliday*

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

(NOTE: Registered Agent signature required when reinstating)

9/8/03

DATE

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

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

TITLE D ☐ Delete  
NAME SIRMONS, ALICE D  
STREET ADDRESS 110 S. WESTLAND AVE  
CITY-ST-ZIP TAMPA FL 33608

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

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

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

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

TITLE D ☐ 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 D ☐ Change ☒ Addition  
NAME HOLLIDAY JULIE B.  
STREET ADDRESS 3311 DARLINGTON DRIVE  
CITY-ST-ZIP TAMPA, FL 33619

TITLE D ☐ Change ☒ Addition  
NAME ANDERSON KENNETH  
STREET ADDRESS 304 BRADFORD AVE  
CITY-ST-ZIP TAMPA, FL 33609

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

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

TITLE ☐ Change ☐ Addition  
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:

*Julie B. Holliday* JULIE B. HOLLIDAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/8/03

Daytime Phone #

813-621-4488

CR2E037 (4/03)