

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-24-2002 90057 004 ****61.25

DOCUMENT # N96000002635

1. Entity Name

SHERIFF'S HISPANIC ADVISORY COUNCIL INC.

Principal Place of Business

Mailing Address

3124 TAMPA BAY BOULEVARD
TAMPA FL 33605
US

P.O. BOX 3371
TAMPA FL 33601
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

59-3384069

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

Name

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

City

FL

Zip Code

BITETTO, LORENA
2008 8TH AVE
TAMPA FL 33605

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 **PD** ☐ Delete
NAME **PALERMO, DELIA**
STREET ADDRESS **1602 MAGDALENE MANOR DR**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **VD** ☒ Delete
NAME **CASTELLAND, RALPH**
STREET ADDRESS **2515 EMMA CIRCLE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **TD** ☐ Delete
NAME **THORPE, LINDA A.**
STREET ADDRESS **18119 DEW DROP LANE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Vice CHAIRMAN** ☒ Change ☐ Addition
NAME **JAMES FAND**
STREET ADDRESS **5906 JOHNS RD.**
CITY-ST-ZIP **TAMPA, FLA. 33634**

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

TITLE **D** ☐ Change ☒ Addition
NAME **MR. MANUEL LOBATO**
STREET ADDRESS **3124 TAMPA BAY BOULEVARD**
CITY-ST-ZIP **TAMPA, FL 33607-6614**

TITLE **D** ☐ Change ☒ Addition
NAME **MR. OSVALDO LAINO**
STREET ADDRESS **70 CAYUGA AVENUE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☐ Change ☒ Addition
NAME **MR. SAM MAROTTA, SR.**
STREET ADDRESS **2913 W. OSBORNE AVENUE**
CITY-ST-ZIP **TAMPA, FL 33614**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

Date

727-791-2684

Daytime Phone #

CR2E037 (9/01)