

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90386 018 \*\*\*\*61.25

**DOCUMENT # N96000002635**

1. Entity Name  
**SHERIFF'S HISPANIC ADVISORY COUNCIL INC.**



Principal Place of Business  
**3124 TAMPA BAY BOULEVARD  
TAMPA FL 33605  
US**

Mailing Address  
**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

**BITETTO, LORENA  
2008 8TH AVE  
TAMPA FL 33605**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)  
**9320 EXPOSITION DRIVE**

City **TAMPA**

FL

Zip Code **33624**

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

*Lorena Bitetto*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE LAINO, OSVALDO ☒ Change ☐ Addition  
NAME 72 CAYUGA AVENUE  
STREET ADDRESS TAMPA, FL 33606  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME FAND, JAMES  
STREET ADDRESS 5906 JOHNS RD  
CITY-ST-ZIP TAMPA FL 33634

TITLE PALERMO, DELIA ☒ Change ☐ Addition  
NAME 1602 MAGDALENE MANOR DR.  
STREET ADDRESS TAMPA, FL 33613  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME THORPE, LINDA A  
STREET ADDRESS 16119 DEW DROP LANE  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE D ☐ Delete  
NAME LOBATO, MANUEL MR  
STREET ADDRESS 3124 TAMPA BAY BOULEVARD  
CITY-ST-ZIP TAMPA FL 33607

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

TITLE D ☒ Delete  
NAME LAINO, OSVALDO MR  
STREET ADDRESS 72 CAYUGA AVENUE  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D ☐ Delete  
NAME MAROTTA, SAM MR  
STREET ADDRESS 2913 W OSBORNE AVENUE  
CITY-ST-ZIP TAMPA FL 33614

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:

*Signature*

2-25-03

813-251-8520

CR2E037 (10/02)