

2000 UNIFORM BUSINESS REPORT (UBR)

2/7/00-90027-020-\$61.25-\$61.25

DOCUMENT # N98000000824

1. Entity Name

NORTH TAMPA COMMUNITY CRIME WATCH & CIVIC ASSOCI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 PM 12:45



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1422 EAST 109TH AVENUE
TAMPA FL 33612

Mailing Address

P.O. BOX 17055
TAMPA FL 33682-7055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3505607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, BETTY J
1422 EAST 109TH AVENUE
TAMPA FL 33612

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 VPD
NAME FAY, MARTY
STREET ADDRESS 10006 N. LANTANA AVE.
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE TD
NAME KEENE, VERA M.
STREET ADDRESS 1423 E. 109TH AVE.
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE P.
NAME SHAFFER, BETTY J
STREET ADDRESS 1422 E. 109TH AVE.
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE TRUSTEE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TRUSTEE
NAME FLORENCE AICKERSON
STREET ADDRESS 1216 E. SHAWA AVE APT A TAMPA FL 33612 ☐ Change ☒ Addition

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

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

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:

VERA M. KEENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000

813/977-2004

Date

Daytime Phone #