

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90200 025 ***150.00

0420270 AV

DOCUMENT # P00000116066

1. Entity Name

WORKFORCE OF CENTRAL FLORIDA, INC.

Principal Place of Business

**1000 N ASHLEY DRIVE SUITE 600
TAMPA FL 33602**

Mailing Address

**1000 N ASHLEY DRIVE SUITE 600
TAMPA FL 33602**

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

59-3687186

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

**GIORDANO, JOHN N ESQ
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00, May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	HOOVER, ROBIN	
STREET ADDRESS	1000 N ASHLEY DR # 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DYN, TIM	
STREET ADDRESS	1000 N ASHLEY DR # 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	MCCORMACK, MIKE	
STREET ADDRESS	1000 N ASHLEY DR # 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	HARRIS, SAM	
STREET ADDRESS	1000 N ASHLEY DR # 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, NEEL	
STREET ADDRESS	1000 N ASHLEY DR # 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	CICATA, VINCE	
STREET ADDRESS	1000 N ASHLEY DR # 600	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vince Licata	
STREET ADDRESS	1000 N. Ashley Dr #600	
CITY-ST-ZIP	Tampa FL 33602	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)