

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012841

1. Entity Name  
FLORIDA CIGARS FROM YBOR CITY, INC.

Principal Place of Business  
2017 W. 7TH AVE  
TAMPA FL 33605  
US

Mailing Address  
2017 W. 7TH AVE  
TAMPA FL 33605  
US

2. Principal Place of Business  
2017 E 7th Ave

3. Mailing Address  
2017 E 7th Ave

City & State  
Tampa FL 33605

City & State  
Tampa FL

Zip  
33605

Country  
United States

Zip  
33605

Country  
United States

6. Name and Address of Current Registered Agent

FERLITA, ANGELO M  
610 AZEELE STREET  
TAMPA FL 33606

4. FEI Number 59-3386395

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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:

TITLE VP  
NAME FERLITA, ANGELO M.  
STREET ADDRESS 610 AZEELE ST.  
CITY-ST-ZIP TAMPA FL 33606

TITLE P  
NAME FERLITA, SAM P  
STREET ADDRESS 628 DRIVE HILLS DR.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

Daytime Phone #

FILED  
Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90036 002 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)