## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N18000005450

Entity Name: TRIBE-SEMINOLE HEIGHTS INC.

**Current Principal Place of Business:** 

6111 N CENTRAL AVE TAMPA, FL 33604

**Current Mailing Address:** 

305 E CLIFTON ST. TAMPA, FL 33604 US

FEI Number: 83-0538437 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, KRISTEN 305 E CLIFTON ST TAMPA, FL 33604 US

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:

Electronic Signature of Registered Agent

Date

**FILED** 

Dec 13, 2021

**Secretary of State** 8867786707CC

Officer/Director Detail:

Title DIRECTOR Title **MEMBER** 

Name BROWN, KRISTEN Name TORRES, MARY

3624 WINDCHIME LANE Address 305 E CLIFTON ST Address

City-State-Zip: DOVER FL 33527 TAMPA FL 33604 City-State-Zip:

Title **SECRETARY** Title **MEMBER** 

Name SINCLAIR, KIMBERLY KARLNOSKI-EVERALL, RACHEL PHD Name

Address 205 W FERN ST. Address 19908 PINE TREE RD City-State-Zip: TAMPA FL 33604

City-State-Zip: ODESSA FL 33556

Title ASST. TREASURER Title **TREASURER** 

Name CIARCIA, BONNIE MRS. RODRIGUEZ. MICHELLE M Name

P O BOX 510205 Address Address 8875 HIDDEN RIVER PKWY

SUITE 110 City-State-Zip: PUNTA GORDA FL 33951

City-State-Zip: TAMPA FL 33637

**SECRETARY** Title

Name VANDER, VELD JESSICA MRS.

Address 203 W FERN ST. City-State-Zip: TAMPA FL 33604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

12/13/2021 SIGNATURE: KRISTEN K BROWN DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date