

# Application for Rezoning

City of Tampa  
Land Development Coordination  
2555 East Hanna Ave.  
Tampa, FL 33610  
(813) 274-3100  
(813) 259-1712 fax



Date Rec'd: October 14, 2025  
Application Number: REZ-26-0000003  
Tentative PH Date & Time: 03/12/2026  
Atlas Page: H-11

## EXHIBIT A

### PROPERTY OWNER'S INFORMATION

Name(s): Artest4cato Llc  
Address: 4405 Glengrove Rd  
City: Raleigh  
State: NC Zip Code: 27616  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### APPLICANT'S INFORMATION

Name(s): James Lascara  
Address: 1313 West Grace Street  
City: Tampa  
State: FL Zip Code: 33607  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: james@lascara.com

### CONTACT FOR ALL RELATED CORRESPONDENCE

Name(s): James Lascara  
Address: 1313 West Grace Street  
City: Tampa State: FL Zip Code: 33607  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: james@lascara.com

### PARCEL INFORMATION

Parcel Address (List all): 1307 W La Salle St, Tampa FL 33607  
Folio Number(s) (List all): 178328.0000  
Property Size (acres or SF): 0.22  
Current Use of Land: Residential Single Family Proposed Use of Land: Residential Single Family Semi-Detached  
Current Zoning District: RS-50 Proposed Zoning District: PD

### PRE-APPLICATION AGENCY COUNSELING

**\*\*Staff signature does not guarantee accuracy or completion of application, nor approval by Tampa City Council.\*\***

Land Dev. Coord. Planner's Name/Initials: Stephanie Pope Date Counseled: 02/05/2026  
Planning Comm. Planner's Name/Initials: Meaghan McCarthy Date Counseled: 2/4/26  
To be completed by the HCCCPC Future Land Use: R-20 Is requested district consistent with Section 27-21: yes  
Trans. Div. Engineer's Name/Initials: J Scott Date Counseled: 2/03/2026  
Transportation Analysis Required w/Submittal?: no

### APPLICATION CERTIFICATION

#### LDC/Right-of-Way Section

Legal Description is correct & complete: \_\_\_\_\_  
Approved by (ROW Staff): \_\_\_\_\_  
Date of approval: \_\_\_\_\_

#### LDC/Zoning Section

Application/site plan is correct & complete: \_\_\_\_\_  
Approved by (ROW Staff): \_\_\_\_\_  
Date of approval: \_\_\_\_\_

Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to design and construction. The City of Tampa and its staff **DO NOT** review for compliance with individual private deed restrictions and covenants during permit review. The issuance of a building permit by the City of Tampa signifies that the project is in compliance with the zoning codes of the City of Tampa and City of Tampa and Florida building code. The issuance of a building permit **DOES NOT** insure compliance with private deed restrictions or covenants.

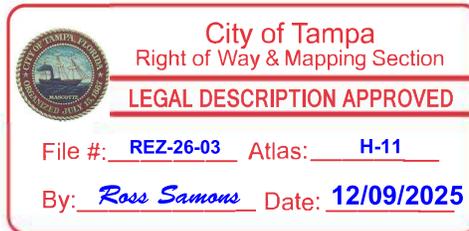


# Application for REZONING (REZ)

Development & Growth Management Development  
Coordination  
2555 E Hanna Avenue  
Tampa, FL 33610  
(813) 274-3100

**LEGAL DESCRIPTION (use separate sheet if  
needed) MUST BE TYPED -- DO NOT ABBREVIATE:**

LOTS 19 AND 20 OF BLOCK 1 OF "COLLINS PHILIP 2ND ADDITION", ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 1 AT PAGE 66 OF THE PUBLIC RECORDS OF HILLSBOROUGH COUNTY , FLORIDA.



# Application for Rezoning

City of Tampa  
 Land Development Coordination  
 2555 East Hanna Ave.  
 Tampa, FL 33610  
 (813) 274-3100  
 (813) 259-1712 fax



## EXHIBIT A-1

Application Number: REZ-26-0000003  
 City Council District 5  
 Number of Signs \_\_\_\_\_  
 Signs Issued? \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Overlay District \_\_\_\_\_  
 Local Historic District \_\_\_\_\_  
 Urban Village \_\_\_\_\_

Parcel Address (List all): 1307 W La Salle St, Tampa FL 33607

### **PARTICIPATING ORGANIZATION(S) TO BE NOTIFIED** **(ATTACHED ADDITIONAL SHEET IF NEEDED)**

**\*\*Participating Organization Names per [http://www.tampagov.net/Zoning\\_Notice\\_WebApp/FolioSearch.aspx](http://www.tampagov.net/Zoning_Notice_WebApp/FolioSearch.aspx)**

**(Applicant's Responsibility to obtain and provide)\*\***

Contact's Name(s)	Organization Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### TRANSPORTATION MANAGEMENT

*Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to the Land Development Coordination Division.*

Current Use of Land      Structure size or # of units      Proposed Use of Land      Structure size or # of units

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE, AND HEREBY AUTHORIZE & ALLOW CITY REPRESENTATIVES TO ACCESS THE SUBJECT PROPERTY. IF THE PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST.

Signature (applicant/agent): \_\_\_\_\_ Sworn to and subscribed on this date: \_\_\_\_\_  
 (Print): \_\_\_\_\_ Identification or personally known: \_\_\_\_\_  
 Signature (applicant/agent): \_\_\_\_\_ Notary Signature: \_\_\_\_\_  
 (Print): \_\_\_\_\_ Commission Expiration (Stamp or date): \_\_\_\_\_

	Contact Info			
Name	Contact Name	Mail To	City/State	Zip
West Riverfront Neighborhood Crimewatch Association, Inc.	McNair, Ruth	1121 West Nassau Street	Tampa, Florida	33607
West Tampa CRA Community Advisory Committee	Robinson, Joseph	2338 Palmetto Street	Tampa, FL	33607
North Hyde Park Civic Asso.Neighborhood Crime Watch	Ramirez, Carlos	W Carmen St	TAMPA, FL	336774773
Armory Gardens Civic Association	Ball, Geoff	2417 W. Carmen St	Tampa, Florida	33609
North Hyde Park Civic Association, Inc.	Leontsinis, Nicole	PO Box 4773	Tampa, Florida	33677



# Application for REZONING (REZ)

Development and Growth Management  
Development Coordination  
2555 E Hanna Avenue  
Tampa, FL 33610  
(813) 274-3100

## Transportation Management Form

Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to Development and Growth Management.

Current Use(s) of Land: RS-50 Proposed Special Use: Planned Development (PD)

Structure Size or # of Units: 9,500 sf Structure Size or # of Units: 4,700 sf

**Office Use Only:**

To be filled out by City of Tampa staff:

Transportation staff name: \_\_\_\_\_

Transportation staff signature: \_\_\_\_\_

Is a Transportation analysis required? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# REZONING (REZ)

## AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA

Multiple authorizations may be necessary if there is more than one property owner. APPLICATION/RECORD NUMBER:

PROPERTY (LOCATION) ADDRESS(ES): 1307 W La Salle St, Tampa, FL 33607

FOLIO NUMBER(S): 178328-0000

"That I am (we are) the owner(s) and record title holder(s) of the property noted herein" Property Owner's Name(s):  
Poseidon25 Developments, LLC - James Lascara \*

"That this property constitutes the subject of an application for the REZONING (REZ) Planned Development (PD)."

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY. I ALSO CONSENT TO THE POSTING OF A SIGN ON MY PROPERTY IF THERE IS A THIRD-PARTY SUBMITTAL OF A PETITION FOR REVIEW.

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application and that the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his/her(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable).  
AGENT'S NAME: James Lascara, Giselle Mota

The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter (if applicable).

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application. Both owner and agent must sign and have their names notarized.

<p>STATE of FLORIDA COUNTY of <u>Hillsborough</u></p> <p>Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this <u>14</u> day of <u>October</u>, 2025 by</p> <p><u>James Lascara</u> / <u>James Lascara</u> Printed Name (Owner)      Signature</p> <p><u>Katherine Bowman</u> /  Signature and Stamp of Notary Public KATHERINE M. BOWMAN Commission # HH 612263 Expires November 13, 2028</p> <p><u>Personally known</u> or produced identification: <input type="checkbox"/> Select</p> <p>Type of identification <u>FI DL</u></p>	<p>STATE of FLORIDA COUNTY of <u>Hillsborough</u></p> <p>Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this <u>14</u> day of <u>October</u>, 2025 by</p> <p><u>Giselle Mota</u> / <u>Giselle Mota</u> Printed Name (Agent)      Signature</p> <p><u>Katherine Bowman</u> /  Signature and Stamp of Notary Public KATHERINE M. BOWMAN Commission # HH 612263 Expires November 13, 2028</p> <p><u>Personally known</u> or produced identification: <input type="checkbox"/> Select</p> <p>Type of identification <u>FI DL</u></p>
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\* If the applicant/owner is a corporation, trust, LLC, Professional Association or similar type of arrangement, please provide documentation from the corporation, trust, etc., indicating that you have the ability to authorize the application.

**Prepared by and Return To:**

Zachary Taylor  
Majesty Title Services, a division of LandCastle Title  
Group, LLC  
4006 S MacDill Ave  
Tampa, FL 33611

**Order No.:** MD012509062

APN/Parcel ID(s):

A-14-29-18-4PO-000001-00019.

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**WARRANTY DEED**

THIS WARRANTY DEED dated 10/10/2025, by ARTEST4CATO LLC, a Florida Limited Liability Company; Tyrus R. Cato, Individually, an unmarried man; Amale Cato, Amira Cato, both unmarried and B'Neika Cato McClearly, a married woman, hereinafter called the grantor, to Trident Rental Group LLC, a Florida Limited Liability Company, whose post office address is 1313 W Grace St., Tampa, FL 33607, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

WITNESSETH: That the grantor, for and in consideration of the sum of Ten And No/100 Dollars (\$10.00) and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all the certain land situated in the County of Hillsborough, State of Florida, to wit:

Lots 19 and 20, Block 1, Map of Philip Collins 2nd Addition to West Tampa, according to the map or plat thereof, as recorded in Plat Book 1, Page 66, of the Public Records of Hillsborough County, Florida.

**Grantors warrant this property was never their homestead. Power of attorney for Amale Cato, as attorney-in-fact for Amira Cato, recorded as Instrument # 2023021118 in the Public Records of Hillsborough County, Florida.**

Subject to easements, restrictions, reservations and limitations of record, if any.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in any wise appertaining.

TO HAVE AND TO HOLD the same in Fee Simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2024.

**WARRANTY DEED**  
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Signed, Sealed and Delivered in the presence of:

Gail Jackson  
Witness Signature

Gail Jackson  
Print Name

Address: 3134 NW 48<sup>th</sup> PL  
Gainesville, FL 32605

Reynolds Jackson Jr  
Witness Signature

Reynolds Jackson Jr  
Print Name

Address: 2603 NW 13<sup>th</sup> ST  
Gainesville FL 32609

ARTEST4CATO LLC, a Florida Limited Liability Company

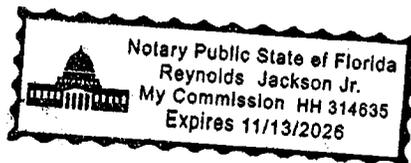
BY: [Signature]  
Tyrus Russell Cato  
Member

[Signature]  
Tyrus Russell Cato, Individually  
Address: 4512 SW 74th Ter, Apt A  
GAINESVILLE, FL 32608

State of Florida  
County of Alachua

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 10<sup>th</sup> day of October, 2025, by Tyrus Russell Cato, Member of ARTEST4CATO, LLC, a Florida Limited Liability Company, and Tyrus R. Cato, Individually, to me known to be the person(s) described in or who has/have produced FL. DL as identification and who executed the foregoing instrument and he/she/they acknowledged that he/she/they executed the same.

[Signature]  
NOTARY PUBLIC  
My Commission Expires: 11/13/2026



**WARRANTY DEED**  
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Signed, Sealed and Delivered in the presence of:

[Signature]  
Witness Signature  
Zachary Taylor  
Print Name

[Signature]  
Amale Cato

[Signature]  
Amira Cato, by Amale Cato, her attorney-in-fact

Address: 4006 S. MacDill Ave.,  
Tampa, FL 33611

Address: 1305 W La Salle St.  
Tampa, FL 33607

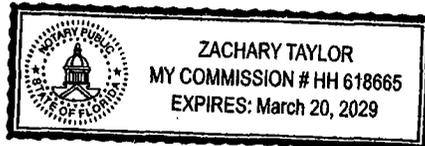
[Signature]  
Witness Signature  
**Christine Rubel**

Print Name  
Address: 4006 S. MacDill Ave.,  
Tampa, FL 33611

State of Florida  
County of Hillsborough

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 9<sup>th</sup> day of October, 2025, by Amale Cato and Amira Cato, to me known to be the person(s) described in or who has/have produced [Signature] as identification and who executed the foregoing instrument and he/she/they acknowledged that he/she/they executed the same.

[Signature]  
NOTARY PUBLIC  
My Commission Expires:



**WARRANTY DEED**  
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Signed, Sealed and Delivered in the presence of:

Chandler Watson  
Witness Signature

B'Neika Cato McCleary  
B'Neika Cato McCleary

Chandler Watson  
Print Name

Address: PO Box 186  
Rolesville, NC 27571

Address: 4405 Glen grove Rd  
Raleigh, NC 27616

Ashley Stewart  
Witness Signature

Ashley Stewart  
Print Name

Address: PO Box 186  
Rolesville NC 27571

State of North Carolina  
County of Wake

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 9 day of October, 2025, by B'Neika Cato McCleary, to me known to be the person(s) described in or who has/have produced AKDL as identification and who executed the foregoing instrument and he/she/they acknowledged that he/she/they executed the same.

Ashley Stewart  
NOTARY PUBLIC  
My Commission Expires: 9/26/30



**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000326548

**Entity Name:** TRIDENT RENTAL GROUP LLC

**Current Principal Place of Business:**

1313 W GRACE ST  
TAMPA, FL 33607

**Current Mailing Address:**

1313 W GRACE ST  
TAMPA, FL 33607 US

**FEI Number: 88-3445234**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LASCARA, JAMES  
1313 W GRACE ST  
TAMPA, FL 33607 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

04/08/2025

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LASCARA, JAMES  
Address 1313 W GRACE ST  
City-State-Zip: TAMPA FL 33607

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES LASCARA**

**OWNER/MANAGER**

**04/08/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
TRIDENT RENTAL GROUP LLC

### Filing Information

**Document Number** L22000326548  
**FEI/EIN Number** 88-3445234  
**Date Filed** 07/25/2022  
**State** FL  
**Status** ACTIVE

### Principal Address

1313 W Grace St  
TAMPA, FL 33607

Changed: 03/10/2024

### Mailing Address

1313 W Grace St  
TAMPA, FL 33607

Changed: 03/10/2024

### Registered Agent Name & Address

LASCARA, JAMES  
1313 W Grace St  
TAMPA, FL 33607

Address Changed: 03/10/2024

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

LASCARA, JAMES  
1313 W Grace St  
TAMPA, FL 33607

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2023	01/23/2023

2024	03/10/2024
2025	04/08/2025

**Document Images**

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