# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 09, 2001 8:00 am**
**Secretary of State**
04-09-2001 90036 038 ****61.25

0017781

DOCUMENT # 729314

1. Entity Name

FILIPINO-AMERICAN ASSOCIATION OF PENSACOLA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 234 WEST OAKFIELD RD.<br>PENSACOLA FL 32503<br>US | PO BOX 36478<br>PENSACOLA FL 32516 |

A00044513

DO NOT WRITE IN THIS SPACE

| 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 23-7413122 ☐ 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 |
|---|---|
| LINEBAUGH, MARIE<br>630 SEAPINE CIRCLE<br>PENSACOLA FL 32506 | Name: PATSY CAVITT<br>Street Address (P.O. Box Number is Not Acceptable): 406 RENTZ AVENUE<br>City: PENSACOLA, FL Zip Code: 32507 |

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 Patsy Cavitt PATSY CAVITT, SECRETARY 4-5-01
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RAMOS, JOE C<br>2101 LEESBURG SQ<br>PENSACOLA FL 32504 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HERRERA, DIVINA<br>6601 GREENWELL ST<br>PENSACOLA FL 32504 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD P<br>CAVITT, PATSY A<br>406 RENTZ AVE<br>PENSACOLA FL 32507 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GALACE, HELEN<br>6441 MEMPHIS AVE<br>PENSACOLA FL 32526 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AD<br>DIOSO, LILIA<br>10405 AILERON AVE<br>PENSACOLA FL 32506 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUIZ, JESS T<br>6510 ANTIETAM DRIVE<br>PENSACOLA FL 32503 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Patsy Cavitt PRESIDENT REQUIRED 4-5-01 (850) 457-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #