

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90151 011 ****61.25

DOCUMENT # 745003

1. Entity Name

BAYANIHAN CLUB, INCORPORATED ✓

Principal Place of Business

5241 ANCHOR AVENUE
 JACKSONVILLE FL 32244
 US

Mailing Address

5241 ANCHOR AVENUE
 JACKSONVILLE FL 32244
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIALA, DOUGLAS
 5241 ANCHOR AVENUE
 JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

Benjamin M. Quindoza
 Street Address (P.O. Box Number is Not Acceptable)

4745 Tara Woods Drive East

City

Jacksonville

FL

Zip Code

32210

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE **P** Delete
 NAME **BIALA, DOUGLAS B.**
 STREET ADDRESS **5241 ANCHOR AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** Delete
 NAME **VELASCO, ESTER**
 STREET ADDRESS **3285 HIDDEN LAKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** Delete
 NAME **QUINDOZA, LEE**
 STREET ADDRESS **4745 TARA WOODS DRIVE E.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** Delete
 NAME **QUINDOZA, BEN**
 STREET ADDRESS **4745 TARA WOOD SE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** Delete
 NAME **AURE, MIKE**
 STREET ADDRESS **6283 ORANBERRY LANE E**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** Delete
 NAME **MEJIDA, AMADO**
 STREET ADDRESS **8653 DEL BRIDGE ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **p** Change Addition
 NAME **Benjamin M. Quindoza**
 STREET ADDRESS **4745 Tara Woods Drive East**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **V.P.** Change Addition
 NAME **Edwin Vergara**
 STREET ADDRESS **1782 Bartlett Ave.**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **S** Change Addition
 NAME **Lee Quindoza**
 STREET ADDRESS **4745 Tara Woods Drive East**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **T** Change Addition
 NAME **Corazon C. Escobar**
 STREET ADDRESS **8050 103rd Street Apt. A-1**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **D** Change Addition
 NAME **Sid Acuna**
 STREET ADDRESS **6239 Faulkner Dr.**
 CITY-ST-ZIP **Jacksonville, Florida 32244**

TITLE **D** Change Addition
 NAME **Tina Claudion**
 STREET ADDRESS **5105 Bragg Rd.**
 CITY-ST-ZIP **Jacksonville, Florida 32205**

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: *Benjamin M. Quindoza*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2000

Date Daytime Phone #

CR2E037 (5/00)