

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91881 007 \*\*\*\*61.25

**DOCUMENT # N00000008168**

1. Entity Name

**BAYANIHAN AT WEDGEFIELD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2262 BABBITT AVE  
 ORLANDO FL 32833

2262 BABBITT AVE  
 ORLANDO FL 32833

2. Principal Place of Business

**2323 ABALONE BLVD.**

3. Mailing Address

**P.O. BOX 578513**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO, FLORIDA**

City & State

**Orlando, Fl. 32867-8513**

4. FEI Number

**59-3683031**

Applied For

Not Applicable

Zip

**32833**

Country

**USA**

Zip

**32867-8513**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MERCADO, CRIS**  
**2262 BABBITT AVE**  
**ORLANDO FL 32833**

Name

**Briccio T. Obleada**

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

**2323 Abalone Blvd.**

City

**Orlando**

**FL**

Zip Code

**32833**

7. Name and Address of New Registered Agent

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

*Briccio T. Obleada*

**BRICCIO T. OBLEADA - PRESIDENT**

**4-29-03**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MERCADO, CRIS</b>	
STREET ADDRESS	<b>2262 BABBITT AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32833</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOBILLO, EMILYN</b>	
STREET ADDRESS	<b>2109 ABALONE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32833</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIAD, DONNA</b>	
STREET ADDRESS	<b>20111 MAXIM PKWY.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32833</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENDOZA, WILLIE</b>	
STREET ADDRESS	<b>3406 NORTHCLIFF AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32833</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OBLEADA, TESS</b>	
STREET ADDRESS	<b>2091 ABALONE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32833</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIAD, JAMES</b>	
STREET ADDRESS	<b>20111 MAXIM PKWY.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32833</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Obleada, Briccio</b>	
STREET ADDRESS	<b>2323 Abalone Blvd.</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32833</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gandola, Rapsie</b>	
STREET ADDRESS	<b>2332 Amberly St.</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32833</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alzona, Victor</b>	
STREET ADDRESS	<b>2500 W COLONIAL DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tobillo, Emilyn</b>	
STREET ADDRESS	<b>2371 Abalone Blvd.</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32833</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mercado, Cris</b>	
STREET ADDRESS	<b>2262 Babbitt Ave.</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32833</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mendoza, Willie</b>	
STREET ADDRESS	<b>3406 Northcliff St.</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32833</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Briccio T. Obleada* **BRICCIO T. OBLEADA**

**4-29-03**

**(407) 568-0407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (9/01)