

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90045 002 ****61.25

DOCUMENT # N22101

1. Entity Name

SPANISH-AMERICAN CLUB OF CITRUS COUNTY, INC.

Principal Place of Business

412 E STRATFORD RD
 LECANTO FL 34461
 US

Mailing Address

P.O. BOX 2591
 INVERNESS FL 34451-2591

2. Principal Place of Business

2908 S. LOCKVERNESS PT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

4. FEI Number

59-2880238

Applied For

Not Applicable

Zip

34450-7470

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUILES, EFRAIN P
 412 E STRATFORD RD
 LECANTO FL 34461

7. Name and Address of New Registered Agent

Name **Angel M. Davila**
 Street Address (P.O. Box Number is Not Acceptable)
 2908 S. LOCKVERNESS Point

City **INVERNESS,**

FL

Zip Code **34450-7470**

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

Angel M. Davila **ANGEL M. DAVILA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-05-00

DATE

FILE NOW:
FEES 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	V	<input type="checkbox"/> Delete
NAME	BRAVO, VICKI	
STREET ADDRESS	48 N CRYSTAL MEADOW PATH	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUILES, EFRAIN	
STREET ADDRESS	412 E STRATFORD RD	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALDERON, EDDIE	
STREET ADDRESS	6476 E MOBILE ST	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEJESUS, RUTH	
STREET ADDRESS	5905 W PINE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, TARA	
STREET ADDRESS	409 NOLA ST	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUILES, CARMEN	
STREET ADDRESS	412 E STRATFORD RD	
CITY-ST-ZIP	LECANTO FL 34461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL M. DAVILA	
STREET ADDRESS	2908 S. LOCKVERNESS Point	
CITY-ST-ZIP	INVERNESS, FL 34450-7470	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNY BARBOSA	
STREET ADDRESS	9791 E. LINDALE COURT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emilio CALDERON	
STREET ADDRESS	6354 E. GENTRY STREET	
CITY-ST-ZIP	INVERNESS, FL 34452	

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:

Angel M. Davila **ANGEL M. DAVILA**

2-05-00

Date

(352) 637-4052

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

42101

Attachment
00044449

ADDITIONAL OFFICERS AND DIRECTORS

TITLE: D
NAME: JOHN CEPEDA
ADDRESS: 2815 E. CELINA STREET
CITY-ST-ZIP: INVERNESS, FL 34453

TITLE: RS
NAME: LILLIAN MATOS
ADDRESS: 1328 ALLEGRIE DRIVE
CITY-ST-ZIP: INVERNESS, FL 34453