


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91034 034 \*\*\*\*70.00

**DOCUMENT # N22101**

1. Entity Name  
**SPANISH-AMERICAN CLUB OF CITRUS COUNTY, INC.**



Principal Place of Business  
**510 TURNER CAMP RD  
INVERNESS FL 34450  
US**

Mailing Address  
**P.O. BOX 2591  
INVERNESS FL 34452**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**510 Turner Camp Rd**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Inverness, FL**

City & State

Zip  
**34450**

Country  
**US**

4. FEI Number **59-2880238**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, NILZA**  
~~9000 W. BAYVIEW BLVD~~  
**510 TURNER CAMP RD  
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name **NILZA CASTILLO**

Street Address (P.O. Box Number is Not Acceptable)  
**510 TURNER CAMP Rd.**

City **Inverness** FL Zip Code **34450**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CASTILLO, NILZA</b>	
STREET ADDRESS	<b>510 TURNER CAMP RD</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CEPEDA, JOHN</b>	
STREET ADDRESS	<b>2815 E CELINA ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>APONTE, ELSE</b>	
STREET ADDRESS	<b>2815 E CELINA STREET</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, DORIS</b>	
STREET ADDRESS	<b>271 E BUCKINGHAM DR</b>	
CITY-ST-ZIP	<b>LECANTO FL 34461</b>	
TITLE	<b>CS</b>	<input type="checkbox"/> Delete
NAME	<b>ANGELO, EMILY</b>	
STREET ADDRESS	<b>48 S LEE STREET</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, JAMES</b>	
STREET ADDRESS	<b>8972 THOROUGHbred POINT</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T YOLANDA LUGO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>409 S. APOPKA AVE</b>	
CITY-ST-ZIP	<b>INVERNESS, FL 34452</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CS MARTHA VELAZQUEZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6123 E. CHAPL LN</b>	
CITY-ST-ZIP	<b>INVERNESS, FL 34452</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE Nilza Castillo** **3-31-03** **34-1446** **(352)**

CR2E037 (10/02)