

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N93000005654**

1. Entity Name

**THE HISPANIC ACTION SOCIETY, INC.**

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90092 015 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>P.O. BOX 1242<br>PENSACOLA FL 32596<br>US | Mailing Address<br>P.O. BOX 1242<br>PENSACOLA FL 32596-1242 |
|--|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3206033**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**SCARBOROUGH, JOSEPH C.**  
**15 W. LARUA STREET**  
**PENSACOLA FL 32501**

|  |                    |
|--|--------------------|
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> Zip Code |

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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MATTOS-JAIME, ISMAEL<br>1106 AMIENS WAY<br>PENSACOLA FL 32505       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>DAVID PEREZ<br>179 Pecan Place<br>Pace, FL 32571               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MORENO, GERMAN<br>500 N 77TH AVENUE<br>PENSACOLA FL 32506           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Ist. Vice-President<br>LINA NUNEZ<br>P.O. Box 6221<br>Pensacola, FL 32526   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>PADBURY, MELISSA<br>5240 FLINTWOOD CIRCLE<br>PENSACOLA FL 32504    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary/Treasurer<br>MIREYA GRAY<br>310 N 61st. Ave<br>Pensacola FL 32506 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CASTRO, NELSON<br>5160 CROWSON ROAD<br>PENSACOLA FL 32526            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Trustee<br>JON D. STOREY<br>213 Gilliland Rd. N.W.<br>Pensacola, FL 32507   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>COMENENCIA, EDEL G<br>2405 URSULA LANE<br>PENSACOLA FL 32526         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Trustee<br>SANDRA ESTERLING<br>2333 A Smith Ave.<br>Pensacola, FL 32507     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>DRUMMOND, WILLIAM R<br>4643 TRADEWINDS CIRCLE<br>PENSACOLA FL 32514 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 689, 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 REQUIRED** \_\_\_\_\_ **Ismael Mattos-Jaime** **MARCH 22, 2000** (850) 435-2902  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)