

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

Mailing Address

P.O. BOX 1242
PENSACOLA FL 32596
US

P.O. BOX 1242
PENSACOLA FL 32596-1242

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

FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MATTOS-JAIME, ISMAEL	
STREET ADDRESS	1106 AMIENS WAY	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORENO, GERMAN	
STREET ADDRESS	500 N 77TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PADBURY, MELISSA	
STREET ADDRESS	5240 FLINTWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, NELSON	
STREET ADDRESS	5160 CROWSON ROAD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COMENENCIA, EDESEL G	
STREET ADDRESS	2405 URSULA LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	DRUMMOND, WILLIAM R	
STREET ADDRESS	4643 TRADEWINDS CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID PEREZ	
STREET ADDRESS	179 Pecan Place	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	1st. Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINA NUNEZ	
STREET ADDRESS	P.O. Box 6221	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIREYA GRAY	
STREET ADDRESS	310 N 61st. Ave	
CITY-ST-ZIP	Pensacola FL 32506	
TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON D. STOREY	
STREET ADDRESS	213 Gilliland Rd. N.W.	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA ESTERLING	
STREET ADDRESS	2333 A Smith Ave.	
CITY-ST-ZIP	Pensacola, FL 32507	
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 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ismael Mattos-Jaime

MARCH 22, 2000 (850) 435-2902

Date

Daytime Phone #

CR2E037 (9/99)