

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90033 013 \*\*\*\*61.25

**DOCUMENT # N99000002407**

1. Entity Name

**PHILIPPINE-AMERICAN ASSOCIATION OF GAINESVILLE A**

Principal Place of Business

Mailing Address

**PAG-ASA  
 P.O. BOX 5485  
 GAINESVILLE FL 32602-5485**

**PAG-ASA  
 P.O. BOX 5485  
 GAINESVILLE FL 32627-5485**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3589614**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIGUA, GILBERT C  
 3531 NW 65TH LANE  
 GAINESVILLE FL 32653**

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

*Gilbert C. Sigua*

**5/1/00**

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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>GILBERT C. SIGUA</i>	
STREET ADDRESS	<i>3531 NW, 65th Ln</i>	
CITY-ST-ZIP	<i>Gainesville, FL 32653</i>	
TITLE	<i>VICE-PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>ANGELITO S. IZON</i>	
STREET ADDRESS	<i>8522 NW 35th ROAD</i>	
CITY-ST-ZIP	<i>GAINESVILLE, FL 32606</i>	
TITLE	<i>SECRETARY</i>	<input type="checkbox"/> Delete
NAME	<i>MARIVEL M. REYES</i>	
STREET ADDRESS	<i>1915 SW 42nd DR. #A</i>	
CITY-ST-ZIP	<i>GAINESVILLE, FL 32607</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Emiliano Y. Aragon, Jr.</i>	
STREET ADDRESS	<i>6235 N.W. 37 Terrace</i>	
CITY-ST-ZIP	<i>Gainesville, Florida 32653</i>	
TITLE	<i>PRO</i>	<input type="checkbox"/> Delete
NAME	<i>RAYMOND V. RAVAL</i>	
STREET ADDRESS	<i>8303 NW 30th Avenue</i>	
CITY-ST-ZIP	<i>Gainesville, FL 32606</i>	
TITLE	<i>ASST. AUDITOR</i>	<input type="checkbox"/> Delete
NAME	<i>GERRY M. AZARCON</i>	
STREET ADDRESS	<i>3533 N.W. 84th WAY</i>	
CITY-ST-ZIP	<i>GAINESVILLE, FL 32606</i>	

TITLE	<i>ASST. SECRETARY</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ABBY J. ESTILONG</i>	
STREET ADDRESS	<i>5132 NW 29th ST.</i>	
CITY-ST-ZIP	<i>GAINESVILLE, FL 32605</i>	
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		
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:

*Gilbert C. Sigua*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/00**

Date

**904-329-4821**

Daytime Phone #

CR2E037 (9/99)