

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90009 029 ****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 32602-5485**

00061422



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

59-3589614

Applied For

Not Applicable

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

**SIGUA, GILBERT C
 3531 NW 65TH LANE
 GAINESVILLE FL 32853**

Name **ABBY J ESTILONG**

Street Address (P.O. Box Number is Not Acceptable)
5132 NW 29TH ST.

City **GAINESVILLE** FL Zip Code **32605**

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

Abby J Estilong President
ABBY J ESTILONG

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

(NOTE: Registered Agent signature required when reinstating)

8/12/2001

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	T	<input type="checkbox"/> Delete
NAME	ARAGON, AMILIANO V	
STREET ADDRESS	6235 NW 37TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	AA	<input type="checkbox"/> Delete
NAME	AZARCON, GERRY M	
STREET ADDRESS	3533 NW 84TH WAX	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PRO	<input type="checkbox"/> Delete
NAME	RAVAL, RAYMOND V	
STREET ADDRESS	8303 NW 36TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYES, MARIVEL M	
STREET ADDRESS	1915 SW 42ND DR #A	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IZON, ANGEL	
STREET ADDRESS	8522 NW 35TH ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	SETILONG, ABBY J	
STREET ADDRESS	5132 NW 29TH SST	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAGON, EMILIANO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD OF DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD OF DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTILONG, ABBY J	
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: *Abby J Estilong* **ABBY J ESTILONG** 8/12/2001

352-214-8774

CR2E037 (5/01)