

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

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DOCUMENT # N01000006659

1. Entity Name

THE CUBAN HERITAGE FOUNDATION OF ST. AUGUSTINE, INC.



FILED

03 SEP 26 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

200 HERITAGE COURT
ST AUGUSTINE FL 32080

Mailing Address

PO BOX 0494
ST AUGUSTINE FL 32085

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 59-2724275

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

CARAME, ERNEST J
200 HERITAGE COURT
ST AUGUSTINE FL 32080

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CARAME, ERNEST J
STREET ADDRESS 200 HERITAGE CT
CITY-ST-ZIP ST AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME CARAME, ERNEST J ☒ Change ☐ Addition
STREET ADDRESS 200 HERITAGE COURT
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE VPD
NAME DE LOMANENS, GOAR
STREET ADDRESS 7145 A1A SOUTH #32
CITY-ST-ZIP ST AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME DE LAMERENS, GOAR ☒ Change ☐ Addition
STREET ADDRESS 141 MOSES CREEK BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE SD
NAME POCETI, IRMA
STREET ADDRESS 244 CANC VO AVE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME PACETTI, IRMA ☒ Change ☐ Addition
STREET ADDRESS 244 CANTIO AVE.

TITLE TD
NAME BETSYDILLO, YOURA
STREET ADDRESS 3305 KINGS RD S
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME Betsy Sotillo-GAURA ☒ Change ☐ Addition
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 REQUIRED

9/2/2003 (904) 774-4350

CR2E037 (10/02)