

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90031 042 ****61.25

DOCUMENT # 713305

1. Corporation Name

CLUB CUBANO AMERICANO OF JACKSONVILLE, INC.

Principal Place of Business

5110 LOURCEY RD
JACKSONVILLE FL 32257
US

Mailing Address

P.O. BOX 56503
JACKSONVILLE FL 32241-6503
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/08/1967

4. FEI Number

59-1399005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

GRANADOS, MANUEL
1249 CATALINA RD E
JACKSONVILLE FL 32216

2527 Woodfern Ln
Jacksonville FL 32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME GRANADOS, MANUEL

STREET ADDRESS 1249 CATALINA RD E 2527 Woodfern Ln

CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VD ☐ DELETE

NAME COSSIO, MIGUEL

STREET ADDRESS N E FLA STATE HOSPITAL

CITY-ST-ZIP MCCLenny FL

TITLE D ☐ DELETE

NAME CASTRO, JULIA

STREET ADDRESS 11464 4TH ALE THORPE DR

CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE TP ☒ DELETE

NAME PEREZ, JESSE

STREET ADDRESS 2320 FOXWOOD DR

CITY-ST-ZIP ORANGE PARK FL

TITLE PD ☐ DELETE

NAME SANTIAGO, MARTI

STREET ADDRESS 7815 HUNTER GROVE

CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ DELETE

NAME LAUFENBERG, CARMEN I.

STREET ADDRESS 3971 RAIN TREE RD.

CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Jose Echevarria
685 Box Branch Cir
JACKSONVILLE FL 32259

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
Angela Reyes
9979 Doretail Dr. E
JACKSONVILLE FL 32259

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-19-99

Date

904 262 4676

Daytime Phone #

CR2E037 (1/98)