

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90080 009 ****61.25

DOCUMENT # 713305

1. Entity Name

CLUB CUBANO AMERICANO OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
5110 LOURCEY RD PO BOX 47233 JACKSONVILLE FL 32257 US	P.O. BOX 56503 PO BOX 47233 JACKSONVILLE FL 32241-6503 US

C0086842



DO NOT WRITE IN THIS SPACE

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	Applied For
59-1399005	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRANADOS, MANUEL
2527 WOODFERN LN
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GRANADOS, MANUEL	
STREET ADDRESS	2527 WOODFERN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSSIO, MIGUEL	
STREET ADDRESS	1219 Pine Circle	
CITY-ST-ZIP	MCCLenny FL 32063	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CASTRO, JULIA	
STREET ADDRESS	11464 HALETHORPE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	JD	<input type="checkbox"/> Delete
NAME	ECHEVARRIA, JOSE	
STREET ADDRESS	685 BOX BRANCH CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTIAGO, MARTI	
STREET ADDRESS	7815 HUNTER GROVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYES, ANGELA	
STREET ADDRESS	9979 DOVEFALL DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Redford, Isabel	
STREET ADDRESS	4614 Spring Pl. Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURTADO de Mendoza,	
STREET ADDRESS	819 Wicklow Ct.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jewett, Douglas	
STREET ADDRESS	1805 Nolan Rd.	
CITY-ST-ZIP	Middleburg, FL 32068	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)