

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90093 013 ****61.25

DOCUMENT # 724396

1. Entity Name

SAN CRISTOBAL ASSOCIATION, INC.

Principal Place of Business

616 FLAMINGO DRIVE
 VENICE FL 34285

Mailing Address

616 FLAMINGO DRIVE
 VENICE FL 34285

910788



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

59-1586903

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

ZOCH, JAMES X
1590 86 AVE NORTH
ST PETERSBURG FL 33702

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.

\$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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
D	CARTER, ALFRED		
	616 FLAMINGO DR		
	VENICE, FL 00000 34285		
TD	ZOCH, JAMES C		
	1590 86TH AVE NORTH		
	ST PETERSBURG FL 33702		
PD	OLDFORD, WILLIAM		
	616 FLAMINGO DR		
	VENICE, FL 00000 34285		
SD	CRETSINGER, FRANK		
	616 FLAMINGO DR		
	VENICE, FL 00000 34285		
D	SMITH, HARRY		
	616 FLAMINGO DR.		
	VENICE FL 34285		

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 of James C. Zoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 01
 Date **727/576-5610**
 Daytime Phone #

CR2E037 (10/00)