

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 046 \*\*\*\*\*50.00

**DOCUMENT # L97000001309**

1. Entity Name

**AMERICAN-PHILIPPINE INVESTMENT CLUB, L.C.**



Principal Place of Business

6639 SOUTHPOINT PARKWAY  
SUITE 101  
JACKSONVILLE FL 32216

Mailing Address

6639 SOUTHPOINT PARKWAY  
SUITE 101  
JACKSONVILLE FL 32216

2. Principal Place of Business

6144 GAZEBO PARK PL. S. 6144 GAZEBO PARK

3. Mailing Address

6144 GAZEBO PARK  
PLACE, S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number 59-3478804

Applied For

Not Applicable

Zip

Country

Zip

Country

32257 USA

32257 USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOOERS, DON SR.  
732 QUEENS HARBOUR BLVD.  
JACKSONVILLE FL 32225

Name

DR. CARLOS OTAYZA

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

6144 GAZEBO PARK PLACE, S.

City

JACKSONVILLE

FL

Zip Code

32257

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGSDON, TODD 6739 S. DAUGHTRY BLVD. JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLANUEVA, ALTON 2000 WELLS RD. #F ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOOERS, DON L 732 QUEENS HARBOUR BLVD. JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABBAN, MARIO 10358 MARBLE EGRET DR. JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARIAN, JOVEN 435 MONTEROY PARKWAY ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIANZON, EMMANUEL 8644 CANTON DRIVE JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DR. CARLOS OTAYZA 6144 GAZEBO PARK PLACE, S. JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DR. ANSERTO TAGUINOD 4932 MAYBANK WAY JACKSONVILLE, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Don L. Mooers* Treas. 4-29-03 904-993-6172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)