2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000510

1. Entity Name

THE FILIPINO-AMERICAN ASSOCIATION OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
522 SE 47TH TER. CAPE CORAL FL 33904	12860 S. CLEVELAND AVE., PMB 233 FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	522 SE 47th TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CAPE CORAL, FL
Zip / Country	Zip: 33904 / Country

4. FEI Number: 65-1050222 ☐ 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
HAMILTON, MICHAEL T 1408 SE 37TH ST. CAPE CORAL FL 33904	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: M Hamilton — 9-12-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMILTON, MICHAEL T 1408 SE 37TH ST. CAPE CORAL FL 33904	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, SIDNEY 1409 SE 44TH ST. CAPE CORAL FL 33904	☒ Delete	D ZENAIDA JAVIER-THEOPISTOS, MD 4403 SE 20th PL CAPE CORAL, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISBERLE, RAMY 1722 SE 14TH TER. CAPE CORAL FL 33914	☒ Delete	D KEN ROBERTSON 108 SW 38th PL CAPE CORAL, FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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CR2E037 (4/02)

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: M Hamilton SIGNATURE REQUIRED — 9-12-02 — (239) 415-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #