

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-06-2003 90005 042 ****61.25

DOCUMENT # N01000001217

1. Entity Name

THE REPUBLICAN NATIONAL HISPANIC ASSEMBLY OF CENTRAL FLORIDA, INC.



Principal Place of Business

**1103 WINTER SPRINGS BLVD
WINTER SPRINGS FL 32708**

Mailing Address

**1103 WINTER SPRINGS BLVD
WINTER SPRINGS FL 32708**

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**

05-0550942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACEVEDO, NANCY C
1103 WINTER SPRINGS BLVD
WINTER SPRINGS FL 32708**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ACEVEDO, NANCY C	
STREET ADDRESS	1103 WINTER SPRINGS BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, DANIEL	
STREET ADDRESS	590 FOXHUNT CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MATIAS, VERONICA	
STREET ADDRESS	1208 TWIN RIVER BLVD	
CITY-ST-ZIP	OVIDO FL 32766	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HOYOS, JOSE M	
STREET ADDRESS	1361 SIERRA CIRCLE	
CITY-ST-ZIP	KISSIMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Acevedo, Nancy C.	
STREET ADDRESS	1103 Winter Springs Blvd	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tua, Phil	
STREET ADDRESS	105 Tedworth Court	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Castellano, Gladys	
STREET ADDRESS	1161 Cardinal Chuck Place	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cabrera Pablo	
STREET ADDRESS	2001 River Pk Blvd., A	
CITY-ST-ZIP	Orlando, FL 32817	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03

Date

407/699-0191

Daytime Phone #

CR2E037 (10/02)