

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90132 010 ****70.00

DOCUMENT # N01000001563

1. Entity Name

FLORIDA STATE SPANISH CONFERENCE, INC.



Principal Place of Business

**211 NE 1ST STREET
GAINESVILLE FL 32601**

Mailing Address

**211 NE 1ST STREET
GAINESVILLE FL 32601**

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 **59-3748120**

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

**HASWELL, JOHN H
211 NE 1ST STREET
GAINESVILLE FL 32601**

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	DP	<input type="checkbox"/> Delete
NAME	HAEDO, MERUCHY	
STREET ADDRESS	10043 NW 13TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CARMONA, ANA	
STREET ADDRESS	255 SUNCREST COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HEISELMAN, CONNIE	
STREET ADDRESS	13655 LAKE MARY JANE ROAD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVENDANO, ALEJANDRO	
STREET ADDRESS	10043 NW 13TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOURNEY, ANA	
STREET ADDRESS	1618 SW 75TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILARD, LOUIS	
STREET ADDRESS	2004 CLIPPER COURT	
CITY-ST-ZIP	LA BELLE FL 33935	

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
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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: **HAEDO, MERUCHY**

2-17-03 352-331-0967

CR2E037 (10/02)