

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90294 020 \*\*\*\*\*61.25

**DOCUMENT # NO2000001250**

1. Entity Name

**CRISTO MAESTRO FOUNDATION, INC.**



Principal Place of Business

**5 SE 17TH ST.  
OCALA FL 34471**

Mailing Address

**5 SE 17TH ST.  
OCALA FL 34471**

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

☐ 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

**BULLARD, J. WARREN  
18 NW 3RD AVE.  
OCALA FL 34475**

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** ☐ Delete  
NAME **BULLARD, J. WARREN**  
STREET ADDRESS **631 SE 40TH AVE.**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Change ☒ Addition  
NAME **Kevin Stoothoff**  
STREET ADDRESS **3936 S.E. 23rd Terrace**  
CITY-ST-ZIP **Ocala, FL 34480**

TITLE **D** ☐ Delete  
NAME **SHEEDY, PATRICK J**  
STREET ADDRESS **5 SE 17TH ST.**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Change ☒ Addition  
NAME **Oscar Arboleda**  
STREET ADDRESS **1430 N.W. 114th Loop**  
CITY-ST-ZIP **Ocala, FL 34475**

TITLE **D** ☐ Delete  
NAME **BARRERA, LUIS**  
STREET ADDRESS **5 SE 17TH ST.**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D/P** ☒ Change ☐ Addition  
NAME **Patrick J. Sheedy**  
STREET ADDRESS **5 S.E. 17th Street**  
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **D** ☐ Delete  
NAME **DIAZ, CRISTOBAL**  
STREET ADDRESS **4440 SW 44TH LN**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Change ☐ Addition  
NAME **Cristobal Diaz**  
STREET ADDRESS **2704 S.W. 20th Avenue**  
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **D** ☐ Delete  
NAME **CURTIN, CHERYL**  
STREET ADDRESS **5 SE 17TH ST.**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D/VP** ☒ Change ☐ Addition  
NAME **Cheryl Curtin**  
STREET ADDRESS **4179 N.W. 110th Avenue**  
CITY-ST-ZIP **Ocala, FL 34482**

TITLE **D** ☐ Delete  
NAME **SWANSON, VIVINA**  
STREET ADDRESS **5 SE 17TH ST.**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☒ Change ☐ Addition  
NAME **Vivien Swanson**  
STREET ADDRESS **2252 S.W. 23rd Terrace**  
CITY-ST-ZIP **Ocala, FL 34480**

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:** *Patrick J. Sheedy* **Patrick J. Sheedy, Pres. 4/24/03 (352) 629-8092**

CR2E037 (10/02)