

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90136 013 \*\*\*\*61.25

**DOCUMENT # N02000004236**

1. Entity Name

**UNITED CARIBBEAN CULTURAL ASSOCIATION, INC**



Principal Place of Business

P.O. BOX 350383

PALM COAST FL 32135

Mailing Address

P.O. BOX 350383

PALM COAST FL 32135

55033847

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

41-2044679

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

**HUNT, CYNTHIA**  
**9 FORT CAROLINE COURT**  
**PALM COAST FL 32137**

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	P	<input type="checkbox"/> Delete
NAME	HUNT, CYNTHIA	
STREET ADDRESS	9 FORT CAROLINE COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	FAGAN, CONRAD	
STREET ADDRESS	12 WOODSIDE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANCIS, ELEANOR	
STREET ADDRESS	29 WESTMINSTER DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATTERSON, ANN	
STREET ADDRESS	9 WINTERLING PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRISON, CARLTON	
STREET ADDRESS	15 WEIDNER PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSE, LESLIE	
STREET ADDRESS	32 FERNDAL LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T. DIXON ALVIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13 WESTGABLE PL	
STREET ADDRESS	PALM COAST, FL 32164	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (386) 445-2503

Date

Daytime Phone #

CR2037 (10/02)