2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State
02-17-2000 90083 025 ****70.00

DOCUMENT # N07373

1. Entity Name

SPANISH AMERICAN CLUB OF SILVER SPRINGS SHORES,

Principal Place of Business	Mailing Address
P.O. BOX 7256 OCALA FL 34472	P.O. BOX 7256 OCALA FL 34472-0256

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIDO, FREDDY
6 SPRING LAKE LANE
OCALA FL 34472

7. Name and Address of New Registered Agent

Name: Rosalba Robles
Street Address (P.O. Box Number is Not Acceptable): 441 Water Road
City: Ocala, **FL** Zip Code: 34472

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.

SIGNATURE: Rosalba Robles Rosalba Robles 2/1/2000
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALMEIDA, VILMA P.O. BOX 594 BELLEVIEW FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Robles, Rosalba 441 Water Road Ocala, FL 34472	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRIETO, BEATRIZ 475 WATER PLACE OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALMEIDA, VILMA 7030 SE 109 PLACE BELLEVIEW FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Almeida, Vilma P.O.Box 594 Belleview, FL 34421	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOMEZ, PEDRO 19 HICKORY LOOP TRAIL OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED AYALA, VICTOR 8 PALM RD OCALA FL 34472	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD Cress, Norma P.O.Box 1591 Bushnell, FL 33513	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARRIDO, FREDDY 6 SPRING LAKE LAND OCALA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ROSALBA ROBLES SIGNATURE REQUIRED Rosalba Robles 2/1/00 352-840-5620ex 132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #