

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90110 028 ****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

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

7. Name and Address of New Registered Agent

Name

CARLOS DRUET

Street Address (P.O. Box Number is Not Acceptable)

461 SPRING LANE

City

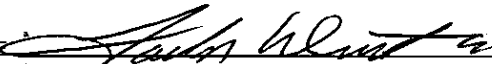
OCALA

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 

JANUARY 26, 2001

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	PD ROBLES, ROSALBA 441 WATER ROAD OCALA FL 34472	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIETO, BEATRIZ 475 WATER PLACE OCALA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALMEIDA, VILMA P.O. BOX 594 BELLEVIEW FL 34421	☐ Delete
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	FD CRESS, NORMA P.O. BOX 1591 BUSHNELL FL 33513	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD-CARLOS DRUET 461 SPRING LANE OCALA, FL 34472	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICTOR, AYALA 8 PALM ROAD OCALA, FL 34472	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, MORALES 5984 S.E. 88th STREET OCALA, FL 34472	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD ROBERTO VEGUILLA 6050 S.E. 85 LANE OCALA, FL 34472	☒ Change ☐ Addition
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:

SIGNATURE REQUIRED

JANUARY 26, 2001

352-347-0735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)