

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90169 019 \*\*\*\*\*61.25

**DOCUMENT # N08177**

1. Entity Name

**THE CARIBBEAN-AMERICAN ALLIANCE OF FLORIDA, INC.**



Principal Place of Business

**590 SILVER ROAD  
OCALA FL 34472**

Mailing Address

**P.O. BOX 830763  
OCALA FL 34472  
US**

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

**SCOTT, RICA  
4 EMERALD WAY  
OCALA FL 34472**

Name **DONNA ALDRIDGE**

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

**9752 BAHIA 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. 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** ☐ Delete  
NAME **ALDRIDGE, DONNA**  
STREET ADDRESS **9752 BAHIA RD**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **TOTTEN, BARBARA**  
STREET ADDRESS **PO BOX 4974**  
CITY-ST-ZIP **OCALA FL 34478**

TITLE **VP** ☒ Change ☐ Addition  
NAME **CYNTHIA BROOME**  
STREET ADDRESS **441 SPRING LAKE**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE **S** ☐ Delete  
NAME **NAYLOR, VALERIE**  
STREET ADDRESS **5306 GREENS DR**  
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JACKSON, MAVIS**  
STREET ADDRESS **618A FAIRWAY CIR**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NAYLOR, MARVIN**  
STREET ADDRESS **5306 GREENS DR**  
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CONWAY, MILDRED**  
STREET ADDRESS **37 PINE CIR**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ 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: **DONNA ALDRIDGE** *Donna M Aldridge* 1-18-03

CR2E037 (10/02)