

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31633

1. Entity Name

THE FILIPINO-AMERICAN VETERAN'S ASSOCIATION OF C

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90074 038 ****61.25

Principal Place of Business

Mailing Address

%GILL M. MADRIGAL
1891 ASTER DRIVE
WINTER PARK FL 32792

%GILL M. MADRIGAL
1891 ASTER DRIVE
WINTER PARK FL 32792-6232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2936764

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MADRIGAL, GILL M.
1891 ASTER DRIVE
WINTER PARK FL 32792

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RONNIE ESCANO	
STREET ADDRESS	10625 SPRING BUCK TRL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	POON, SAL	
STREET ADDRESS	1545 NAVARRE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOSEPH ALEJO	
STREET ADDRESS	3308 PAISLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MADRIGAL, GILL M.	
STREET ADDRESS	1891 ASTER DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUHAIN, PEPE P	
STREET ADDRESS	4526 JAMERSON PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIOS, GERRY D	
STREET ADDRESS	104 GULL CT	
CITY-ST-ZIP	CASSELBERRY FL	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

GILL M. MADRIGAL
3 JANUARY 2000 407-52196