

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR 23 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37866

1. Entity Name
FILIPINO AMERICAN SOCIETY INC.

Principal Place of Business
PORT CHARLOTTE

Mailing Address
See Below

~~KAIDA GABARDA~~
~~P O BOX 2778~~
~~PT CHARLOTTE FL 33949~~
~~US~~

~~KAIDA GABARDA~~
~~P O BOX 2778~~
~~PT CHARLOTTE FL 33949 2778~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2525 Harbor Blvd.

3. Mailing Address
P.O. Box 2347

Suite, Apt. #, etc.
Suite #204

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL 33949

Zip
33952

Country
USA

Zip
33949

Country
USA

4. FEI Number
65-0214096

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~CONWAY, CORA~~
~~4745 ABADAN ST~~
~~NORTH PORT FL 34287~~

7. Name and Address of New Registered Agent

Name
GENE V. VILLAREAL

Street Address (P.O. Box Number is Not Acceptable)
~~2525 Harbor Blvd. #204~~
P.O. Box 2347 22326 Peachland Blvd

City
Port Charlotte FL

Zip Code
~~33949 2347~~
33952

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 *Gene V. Villareal* **Gene V. Villareal President** **3/10/2000**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAREAL, GENE 2525 HARBOR BLVD 204 PT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRUZ, CLARA D 1899 VERONICA AVE PT CHARLOTTE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, CORA 22356 NYOOK AVE PT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, LUISA 21363 HEPNSA AVE PT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Villareal, Gene 2525 Harbor Blvd. #204 Port Charlotte, FL 33949-2347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President D Kindle, Terry 201 W. Marion Ave. #310 Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

400003204064--0
04/11/00 01105 014
****70.00 ****70.00

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: *Gene V. Villareal* **GENE V. VILLAREAL** **3/10/2000** **941-625-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #