

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90105 002 \*\*\*\*61.25

**DOCUMENT # N39216**

1. Entity Name

**FILIPINO-AMERICAN CLUB OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

**4460 AUTUMN RIVER RD. E.  
JACKSONVILLE FL 32224  
US**

**3 REDSNAPPER LN.  
PONTE VEDRA BEACH FL 32082  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2893462**

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

**BALGOS, NELSON  
3 REDSNAPPER LANE  
PONTE VEDRA BEACH FL 32082**

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 **DP** ☒ Delete  
NAME **BARATA, SANDRA**  
STREET ADDRESS **13126 ANNANDALE DR. S.**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **NORMA CARANGIAN**  
STREET ADDRESS **2761 COLONIES DR.**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **DP** ☐ Delete  
NAME **BALGOS, NELSON**  
STREET ADDRESS **3 REDSNAPPER LN**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **SEC** ☐ Delete  
NAME **ALFARO, LORI**  
STREET ADDRESS **1034 PALM LANDING DR.**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE **AT** ☐ Delete  
NAME **BANEZ, GLORIA**  
STREET ADDRESS **569 MAGNOLIA STREET**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE **AST** ☐ Delete  
NAME **BACANI, BETH**  
STREET ADDRESS **569 MAGNOLIA ST.**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE **DVP** ☒ Delete  
NAME **MARAYAG, EDUARDO**  
STREET ADDRESS **20 BONITA DR.**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **DP** ☐ Change ☒ Addition  
NAME **ANTONIO ROMERO, JR.**  
STREET ADDRESS **866 RUDDER RD**  
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

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:

**NELSON BALGOS**

**2/18/02**

**904 359 2587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)