

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41851

1. Entity Name

PHILIPPINE CULTURAL SOCIETY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 023 ****61.25

Principal Place of Business

Mailing Address

8124 POLARA COURT
PENSACOLA FL 32506

8124 POLARA COURT
PENSACOLA FL 32506-3735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASPRER, FRANK
6658 BLACK OAK PLACE
PENSACOLA FL 32526

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	P/D	<input type="checkbox"/> Delete
NAME	ASPRER, FRANK	
STREET ADDRESS	6658 BLACK OAK PLACE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	BEASLEY, TESSIE	
STREET ADDRESS	1446 LITTLE CREEK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTILONG, AURING	
STREET ADDRESS	8124 POLARA CT	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASPRER, CORAZON	
STREET ADDRESS	6658 BLACK OAK PLACE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUNIAS, NITA	
STREET ADDRESS	6699 PENTON ST.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUTISTA, ZENIE	
STREET ADDRESS	520 QUIGLEY LN.	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATANGUIHAN, MYLENE	
STREET ADDRESS	578 PEPPERTREE LANE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
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		
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: *Mylene Matanguihan* MYLENE MATANGUIHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 2000 (850)456-5028

Date

Daytime Phone #

CR2E037 (9/99)