

# 2000 UNIFORM BUSINESS REPORT (UBR)

0085923

DOCUMENT # N48334

1. Entity Name

CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA, INC.

FILED

00 MAY -5 PM 12:35

Principal Place of Business

Mailing Address

DEAN CIRCLE  
DELTONA FL 32738

979 DEAN CIRCLE  
DELTONA FL 32738  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



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

59-3115794

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

CRUZ, PAT  
979 DEAN CIRCLE  
DELTONA FL 32738

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 ☐ Delete  
NAME CRUZ, MIKE A.  
STREET ADDRESS 979 DEAN CIRCLE  
CITY-ST-ZIP DELTONA FL

TITLE ☐ Change ☐ Addition  
NAME 600003280366--4  
STREET ADDRESS -06/07/00--01091--005  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE ☐ Delete  
NAME CRUZ, PAT  
STREET ADDRESS 979 DEAN CIRCLE  
CITY-ST-ZIP DELTONA FL

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

TITLE ☒ Delete  
NAME EVENSON, TERRY  
STREET ADDRESS 1398 WILDERNESS LANE  
CITY-ST-ZIP TITUSVILLE FL 32796-4213

TITLE ☒ Change ☐ Addition  
NAME SANTOS, TOMAS  
STREET ADDRESS 4645 Rector Road  
CITY-ST-ZIP COCOA, FL 32926

TITLE ☐ Delete  
NAME TOVES, BARBARA  
STREET ADDRESS 11097 HAMPTON GABLE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete  
NAME ALCANTARA, MARIA  
STREET ADDRESS 2625 FALLBROOK DRIVE  
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE ☒ Delete  
NAME CONLEY, BEL  
STREET ADDRESS 1135 MACTAVANDASH DRIVE  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition  
NAME TORRES, FRANK  
STREET ADDRESS 5281 Healthwood Gable Terr  
CITY-ST-ZIP JACKSONVILLE FL 32257

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(904) 736-5933

Daytime Phone # X2681

CF2E037 (9/99)