

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90452 030 *****70.00

0065382

DOCUMENT # N48334

1. Entity Name

CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA, INC.

Principal Place of Business

Mailing Address

979 DEAN CIRCLE
 DELTONA FL 32738
 US

979 DEAN CIRCLE
 DELTONA FL 32738
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3115794

Applied For

Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, MIKE A.	
STREET ADDRESS	979 DEAN CIRCLE	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, PAT	
STREET ADDRESS	979 DEAN CIRCLE	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, TOMAS	
STREET ADDRESS	4645 RECTOR ROAD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TOVES, BARBARA	
STREET ADDRESS	11097 HAMPTON GABLE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALCANTARA, MARIA	
STREET ADDRESS	2625 FALLBROOK DRIVE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORRES, FRANK	
STREET ADDRESS	5281 HEALTHWOOD GABLE TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yamaguichi, Debbie	
STREET ADDRESS	5616 Kildare Court	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dungca, Lydia	
STREET ADDRESS	1808 Mahogany Drive	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Torres, Annie	
STREET ADDRESS	5281 Healthwood Gable Terrace	
CITY-ST-ZIP	Jacksonville, Florida 32257	
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: *PAT CRUZ* **CRUZ** (904) 736-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X2681

CR2E037 (10/00)