

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N48334

1. Entity Name

CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA, INC.

Principal Place of Business

979 DEAN CIRCLE
 DELTONA FL 32738
 US

Mailing Address

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

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Yamaguichi, Debbie**
 STREET ADDRESS **5616 Kildare Court**
 CITY-ST-ZIP **Jacksonville, FL 32244**

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

TITLE **T** ☐ Change ☐ Addition
 NAME **Dungca, Lydia**
 STREET ADDRESS **1808 Mahogany Drive**
 CITY-ST-ZIP **Orlando, Florida 32835**

TITLE **T** ☒ Delete
 NAME **SANTOS, TOMAS**
 STREET ADDRESS **4645 RECTOR ROAD**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **S** ☒ Change ☐ Addition
 NAME **Torres, Annie**
 STREET ADDRESS **5281 Healthwood Gable Terrace**
 CITY-ST-ZIP **Jacksonville, Florida 32257**

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

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

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

TITLE **VP** ☐ Delete
 NAME **TORRES, FRANK**
 STREET ADDRESS **5281 HEALTHWOOD GABLE TERRACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VP** ☐ Delete
 NAME **TORRES, FRANK**
 STREET ADDRESS **5281 HEALTHWOOD GABLE TERRACE**
 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:

PAT CRUZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(904) 736-5733**

CR2E037 (10/00)