2002 UNIFORM BUSINESS REPORT (UBR)

Sep 16, 2002 8:00 am Secretary of State **DOCUMENT # N48334** 1. Entity Name 09-16-2002 90111 012 ****70.00 CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA, INC. Principal Place of Business Mailing Address 979 DEAN CIRCLE 979 DEAN CIRCLE **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3115794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CRUZ, PAT 979 DEAN CIRCLE **DELTONARK FL 32738** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F D ☐ Delete TITLE ☐ Addition NAME YAMAGUICHI. DEBBIE NAME STREET ADDRESS STREET ADDRESS 5616 KILDARE COURT CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville FL 32244</u> ☐ Delete TITLE ☐ Change ☐ Addition NAME CRUZ, PAT STREET ADDRESS STREET ADDRESS 979 DEAN CIRCLE CITY-ST-ZIP CITY-ST-ZIP DELTONA FL ☐ Delete TITLE ☐ Addition ☐.Change NAME DUNGCA, LYDIA STREET_ADDRESS STREET ADDRESS 1808 MAHOGANY DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME Torres, annie STREET ADDRESS STREET ADDRESS 5281 HEALTHWOOD GABLE TERRACE CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILLE FL 32257</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ALCANTARA, MARIA STREET ADDRESS STREET ADDRESS 2625 FALLBROOK DRIVE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITI F ☐ Delete VP TITLE ☐ Change Addition NAME NAME TORRES, FRANK

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

5281 HEALTHWOOD GABLE TERRACE

Jacksonville FL 32257

STREET ADDRESS

CITY-ST-ZIP

FILED

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2. Principal F	Place of Busine	ess	3. Mailing A	Address							
. Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & S	City & State			4. FEI Number 59-3115794 Applied For					
Zip		Country	Zip	·	Country		5. Certificate	of Status Desi		\$8.75 A	
	6. Name a	and Address of Curr	rent Registered Ag	ent	Nam	ie	7. Name and	Address of N	ew Registe		
CRUZ, PA 979 DEAN		-	· · · · · · · · · · · · · · · · · · ·		Stree	et Address (P.O. Box Numb	er is Not Acce	otable)		
	RK FL 32738									. •	
			•		City					FL Zip Co	ode
SIGNATURE.	Signature, typed or	printed name of registered a	igent and title if applicable.	(NOTE:	Registered Agent sig	gnature required	when reinstating)		, DA	·τε	
		FEE IS \$61.25	9.	(NOTE: Election Camp Trust Fund Co	paign Financin ntribution.	<u> </u>	\$5.00 May B Added to Fees	1 (15) 14(15) 14(15) 1 (15) 1 (15	Make Ch Depart	eck Payablement of Sta	te
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SIGNATURE:

(386) 736-5933