

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

03-31-2003 90221 045 ****70.00

DOCUMENT # *N48334*

1. Entity Name

CHAMORROS AND FRIENDS GUAM CLUB OF
FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

806 Mazurka Dr.

Suite, Apt. #, etc.

3. Mailing Address

806 Mazurka Dr.

Suite, Apt. #, etc.

City & State

Chuluota, FL

City & State

Chuluota, FL

4. FEI Number

59-3115794

Applied For

Not Applicable

Zip

32766

Country

US

Zip

23766

Country

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Maria P. Alcantara

Street Address (P.O. Box Number is Not Acceptable)

806 Mazurka Dr.

City

Chuluota

FL

Zip Code
32766

**DO NOT WRITE
IN THIS SPACE**

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.

Maria P. Alcantara

SIGNATURE

Maria P. Alcantara, President

3/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Maria P. Alcantara 806 Mazurka Dr. Chuluota, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Joseph Camit 1 Edge Place Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Annie Torres 5281 Heathwood Gable Terrace Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Lydia Dungca 1808 Mahogany Drive Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D James Reed 10913 Mill Pond Way Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barbara Noble 20 Pansy Court Middleburg, FL 22068

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria P. Alcantara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

DATE

407-977-6029

Daytime Phone

CR2E037B (12/02)