

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49150

1. Entity Name

BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.

Principal Place of Business

C/O PEDRO GONZALES, MD  
461 WEST OAK ST., STE. D  
KISSIMMEE FL 34741

Mailing Address

C/O PEDRO GONZALES, MD  
461 WEST OAK ST., STE. D  
KISSIMMEE FL 34741-6624

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GONZALES-HOYES, MARIA L  
1830 KINGS HIGHWAY  
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME HERRING, RICHARD O  
STREET ADDRESS 514 A VERONA  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ Delete  
NAME OWEN, CHARLES  
STREET ADDRESS 17 S VERNON AVE  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ Delete  
NAME ASPIRAS, VICKY D  
STREET ADDRESS 5541 BELLEWOOD ST  
CITY-ST-ZIP ORLANDO FL 32813

TITLE D ☐ Delete  
NAME ARBAS, ROMILO A  
STREET ADDRESS 600 THACHER AVE STE 810  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ Delete  
NAME CRUZABA, JUN  
STREET ADDRESS 4559 KARWICCA CREST PL  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete  
NAME GENZOLES, ROSENOD  
STREET ADDRESS 841 EAST OAK  
CITY-ST-ZIP KISSIMMEE FL 34744

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME DE MESA, MENANDRO H.  
STREET ADDRESS 428 BALL CT.  
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE D ☒ Change ☐ Addition  
NAME GONZALES, PEDRO  
STREET ADDRESS 461 W OAK ST., SUITE D  
CITY-ST-ZIP KISSIMMEE, FL

TITLE D ☒ Change ☐ Addition  
NAME PARRITT, VILMA  
STREET ADDRESS 461 W OAK ST., SUITE D  
CITY-ST-ZIP KISSIMMEE, FL

TITLE D ☒ Change ☐ Addition  
NAME DE MESA, ZENALDA D.  
STREET ADDRESS 428 BALL CT.  
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE D ☒ Change ☐ Addition  
NAME DE CHAVEZ, LINDA  
STREET ADDRESS 1959 PAULFISH  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D ☒ Change ☐ Addition  
NAME DATOR, NORA A.  
STREET ADDRESS 249 STRATHMORE CIRCLE  
CITY-ST-ZIP KISSIMMEE, FL 34744

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3128025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)