

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91360 016 *****61.25

0081788

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

767785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3128025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **HERRING, RICHARD O**
 STREET ADDRESS **514 A VERONA**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

MANAUPUL REQUIRED

5/17/01

CR2E037 (10/00)