

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51326

1. Entity Name

VISAYAS - MINDANAO ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

36631 E. ELDORADO LAKE DR  
EUSTIS FL 32736  
US

Mailing Address

P. O. BOX 780575  
ORLANDO FL 32878-0575  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

36631 E. ELDORADO LAKE DR.

Suite, Apt. #, etc.

City & State

EUSTIS, FL

Zip

32736

Country

4. FEI Number

59-3146767

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BYRNE, EASTER  
36631 E. ELDORADO LAKE DR  
EUSTIS FL 32736

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 ☐ Delete

NAME D  
DACO, MILA M  
STREET ADDRESS 1189 COACHWOOD COURT  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete

NAME D  
HAHN, LOITA B  
STREET ADDRESS 8512 SIDON ST  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Delete

NAME D  
PAUSAL, HERMINDA  
STREET ADDRESS 1675 THORNHILL CIR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete

NAME P  
BYRNE, EASTER  
STREET ADDRESS 36631 E. ELDORADO LAKE DR  
CITY-ST-ZIP EUSTIS FL 32736

TITLE ☐ Delete

NAME T  
STEWART, ESTELA C.  
STREET ADDRESS P. O. BOX 780004  
CITY-ST-ZIP ORLANDO FL 32878

TITLE ☐ Delete

NAME D  
MERCADO, GORIE  
STREET ADDRESS 4230 WOODHAVEN DRIVE  
CITY-ST-ZIP MELBOURNE FL 32935

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00

Date

Daytime Phone #

CR2E037 (9/99)