

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000415

1. Entity Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.

Principal Place of Business

P A C O
12100 W COLONIAL DR
WINTER GARDEN FL 34787-4141
US

Mailing Address

P A C O
12100 W COLONIAL DR
WINTER GARDEN FL 34787-4141
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3163124

Applied For

Not Applicable

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

DUARTE, VICTOR
815 RIVERBEND BLVD.
LONGWOOD FL 32779

Name JOE LOPES

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

1520 OBERLIN TERRACE

City LAKE MARY

FL

Zip Code 32746

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)

2/14/01
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	P	☒ Delete
NAME	DUARTE, VICTOR	
STREET ADDRESS	815 RIVERBEND BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	☒ Delete
NAME	LOPES, LUCIANO A	
STREET ADDRESS	12506 SULLIVAN RD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	☒ Delete
NAME	MADDOX, CECILIA	
STREET ADDRESS	1115 N. JOHN ST.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	☒ Delete
NAME	FERREIRA, ADELAIDE	
STREET ADDRESS	2109 CLUSTER BRANCH CT.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	☒ Delete
NAME	DOS SANTOS, LUIS	
STREET ADDRESS	5107 SCARSDALE LANE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	JOE LOPES	
STREET ADDRESS	1520 OBERLIN TR.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VPT	☒ Change ☐ Addition
NAME	MANUEL Godinho	
STREET ADDRESS	130 Longwood Hills Rd.	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VP	☒ Change ☐ Addition
NAME	RONALD MENDES	
STREET ADDRESS	5235 HARKLEY RUNWAY	
CITY-ST-ZIP	ST CLOUD, FL 34771	
TITLE	TD	☒ Change ☐ Addition
NAME	MARIA LOPES	
STREET ADDRESS	1520 OBERLIN TERRACE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	S	☒ Change ☐ Addition
NAME	Idalia ROMAO	
STREET ADDRESS	957 EARLY AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	S	☒ Change ☐ Addition
NAME	Adelaide FERREIRA	
STREET ADDRESS	2109 CLUSTER BRANCH CT	
CITY-ST-ZIP	LONGWOOD, FL 32750	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/
FILED
Mar 30, 2001 8:00 am
Secretary of State

03-15-2001 90216 016 *****70.00

33577



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)