

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90129 049 ****61.25

DOCUMENT # N93000004772

1. Entity Name

SPANISH AMERICAN ASSOCIATION OF CITRUS SPRINGS A

Principal Place of Business

Mailing Address

**POST OFFICE BOX 1374
DUNNELLON FL 34430**

**POST OFFICE BOX 1374
DUNNELLON FL 34430**

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

59-3017078

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

**SERRANO, FRANK
9901 N. CORTLAND DR.
CITRUS SPRINGS FL 34434**

Name **BAIRD, RUTH**

Street Address (P.O. Box Number is Not Acceptable)
2586 W. SHAW PL.

CITRUS SPRINGS, FL. 34434

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

Ruth Baird, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 16 - 01

**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 **PD** ☒ Delete
NAME **SERRANO, FRANK**
STREET ADDRESS **9901 N. CORTLAND DR.**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE **PD** ☒ Change ☐ Addition
NAME **GONSALVES, CARMEN**
STREET ADDRESS **1815 W. LORRAINE DR.**
CITY-ST-ZIP **CITRUS SPRINGS, FL. 34434**

TITLE **T** ☐ Delete
NAME **BERMUDEZ, JEANETTE**
STREET ADDRESS **10051 N. RUTH TERR.**
CITY-ST-ZIP **CITRUS SPRINGS FL**

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

TITLE **SD** ☐ Delete
NAME **BAIRD, RUTH**
STREET ADDRESS **2586 W SHAW PLACE**
CITY-ST-ZIP **CITRUS SPRINGS FL**

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

TITLE **VP** ☒ Delete
NAME **RODRIGUEZ, JOHN**
STREET ADDRESS **9209 N HARRIS WAY**
CITY-ST-ZIP **CITRUS SPRINGS FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **RODRIGUEZ, GRACE**
STREET ADDRESS **9209 N. HARRIS WAY**
CITY-ST-ZIP **CITRUS SPRINGS, FL. 34434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Carmen Gonsalves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 16/01 (352) 465-2887

CR2E037 (10/00)