# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 22, 2001 8:00 am**
**Secretary of State**
05-21-2001 90358 046 ****65.00

DOCUMENT # N95000002886

1. Entity Name
AMERICAN / NICARAGUAN SOUTH ATLANTIC COAST RELIEF FUND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4513 NORTHWEST 49TH STREET<br>TAMARAC, FLORIDA 33319 | SAME |

49706

DO NOT WRITE IN THIS SPACE

| 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: 65-0603602 ☐ 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 |
|---|---|
| HODGSON, ARTHUR V.<br>4513 NORTHWEST 49TH STREET<br>TAMARAC, FLORIDA 33319 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | HODGSON, ARTHUR V ☐ Delete<br>4513 NORTHWEST 49TH ST<br>TAMARAC, FLORIDA 33319 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE T<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | HODGSON, GLADYS ☐ Delete<br>4513 NORTHWEST 49TH ST.<br>TAMARAC, FLORIDA 33319 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COLONEL JOAN MARSHAL<br>2440 WEST THERESE AVENUE<br>ANAHEIM, CALIFORNIA | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Oswaldo Castro ☐ Delete<br>5415 N.W. 15 St. #18<br>Coconut Creek Fl. 33063 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/00)

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 reports 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: _____ 4/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #