

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003934

1. Entity Name

COLOMBIAN CIVIC ASSOCIATION OF JACKSONVILLE, FLO

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90008 036 ****61.25

Principal Place of Business

1040 BAY CIR. S.
ORANGE PARK FL 32073

Mailing Address

1040 BAYCIRCLE S.
ORANGE PARK FL 32073-4744

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 59-3331142

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

SANTORO, THOMAS C ESQ
1700 WELLS ROAD, STE 505
ORANGE PARK FL 32073

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 PD
NAME ROSSI, CARLOS A
STREET ADDRESS 1040 BAY CIR. S.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE VD
NAME HERRERA, EDUARDO
STREET ADDRESS 1040 BAY CIR. S.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE TD
NAME ARGUETTA, JORGE
STREET ADDRESS 1040 BAY CIR. S.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

CARLOS A. J. ROSSI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1-31-2000 904 218 3331

Date

Daytime Phone #

CR2E037 (9/99)