

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90128 043 \*\*\*\*61.25

**DOCUMENT # N96000002551**

1. Entity Name

**ASSOCIATION OF FILIPINO-AMERICAN COMMUNITIES, INC**

Principal Place of Business

Mailing Address

**3640 SE 24TH AVE  
 Ocala FL 34471**

**3640 SE 24TH AVE  
 Ocala FL 34471**

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 **52-1997971**

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

**REPIEDAD, AGUINALDO V JR  
 3640 SE 24TH AVENUE  
 Ocala FL 34471**

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  
 After September 12, 2001, min. will be \$236.25**

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          | <b>D</b>                                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>PERCY, NIDA</del>                        |  |
| STREET ADDRESS | <del>3655 SE 56 TERR</del>                    |  |
| CITY-ST-ZIP    | <del>OCALA FL</del>                           |  |
| TITLE          | <b>D</b>                                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>BELL, JAMES</del>                        |  |
| STREET ADDRESS | <del>2330 SW 37TH ST</del>                    |  |
| CITY-ST-ZIP    | <del>OCALA FL 34474</del>                     |  |
| TITLE          | <b>D</b>                                      | <input type="checkbox"/> Delete            |
| NAME           | <b>BELO, JULIAN R JR</b>                      |  |
| STREET ADDRESS | <b>5460 SE 29TH PLACE #D</b>                  |  |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>                         |  |
| TITLE          | <b>D</b>                                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>HARTZELL, LINDA</del>                    |  |
| STREET ADDRESS | <del>10409 NE 29TH AVE</del>                  |  |
| CITY-ST-ZIP    | <del>ANTHONY FL 32617</del>                   |  |
| TITLE          | <b>D</b>                                      | <input type="checkbox"/> Delete            |
| NAME           | <b>DIAZ, EMMANUEL</b>                         |  |
| STREET ADDRESS | <b>9 JUNIPER PASS COURT 1624 SE 29th Terr</b> |  |
| CITY-ST-ZIP    | <b>OCALA FL 34480 34471</b>                   |  |
| TITLE          | <b>D</b>                                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>ENRIQUE, ERIC</del>                      |  |
| STREET ADDRESS | <b>3001 SE LAKE WEIR RD #216</b>              |  |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>                         |  |

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ROSE FARRAR</b>               |  |
| STREET ADDRESS | <b>1744 NE 61st PL</b>           |  |
| CITY-ST-ZIP    | <b>OCALA FL 34479</b>            |  |
| TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LEO LOPEZ</b>                 |  |
| STREET ADDRESS | <b>2922 S.E. 24th AVE</b>        |  |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>            |  |
| TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>POMPEY B. RAMOS</b>           |  |
| STREET ADDRESS | <b>2324 S.E. 33rd PL</b>         |  |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>            |  |
| TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MINGA LIBBY</b>               |  |
| STREET ADDRESS | <b>1715 W PAT TURNER LN</b>      |  |
| CITY-ST-ZIP    | <b>DUNNELLON FL 34434</b>        |  |
| TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>AGUINALDO L. REPIEDAD III</b> |  |
| STREET ADDRESS | <b>2323 S.E. 33rd PL</b>         |  |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>            |  |
| TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JOSE L. ROMAN MD</b>          |  |
| STREET ADDRESS | <b>300 S.E. 48th AVE</b>         |  |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>            |  |

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)* **7/6/01 352-622-2550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)

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