## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N99000000657**

\_Country

6. Name and Address of Current Registered Agent

City & State

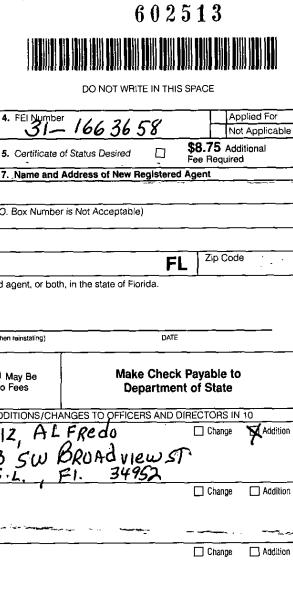
Zip

## SPANISH AMERICAN COMMUNITY CLUB PORT ST. LUCIE C

Principal Place of Business Mailing Address 1426 S.E. APPAMATTOX TERRACE 1426 S.E. APPAMATTOX TERRACE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952-7103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

## FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90118 038 \*\*\*\*61.25



Street Address (P.O. Box Number is Not Acceptable) PARRILLA, CARMEN 1426 S.E. APPAMATTOX TERRACE PORT ST. LUCIE FL 34952 City 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 Fiorida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ORTIZ, AL FREdo Addition (66/6) ☐ Delete TITLE TITLE PARRILLA, CARMEN NAME NAME 1173 SW BRUADVIEWST STREET ADDRESS STREET ADDRESS 1426 S.E. APPAMATOX TERRACE CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Addition ☐ Delete TITLE TITLE NAME DE JESUS, MARIA NAME 215 S.E. VOLTAIRE-TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Addition Delete TITLE CALDERON, ALFRED JR NAME STREET ADDRESS STREET ADDRESS 5031 N.W. ERKSIN TERRACE CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Change ☐ Addition ☐ Delete TITLE **ROSA, LUIS** NAME NAME STREET ADDRESS STREET ADDRESS 1426 S.E. MARISOL LANE CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE FL 34952 Change ☐ Addition ☐ Delete TITLE TITLE NAME RIVERA, MARGI E NAME STREET ADDRESS STREET ADDRESS 1358 S.E. VESTRIDGE LANE CITY-ST-7IP CITY-ST-7IP PORT ST. LUCIE FL 34952 ☐ Addition TITLE ☐ Delete TITLE Change GONZALEZ, CRUZ NAME NAME STREET ADDRESS STREET ADDRESS 2351 S.E. HURLEY COURT CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34952

Country

Name

12. I hereby certify that the information supplied with this filling 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 entrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if h**k**an address, with all other like empowered changed, or on an attachment with

SIGNATURE: