

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90056 033 ****61.25

DOCUMENT # N99000000657

1. Entity Name

SPANISH AMERICAN COMMUNITY CLUB PORT ST. LUCIE C

Principal Place of Business

1426 S.E. APPAMATTOX TERRACE
 PORT ST. LUCIE FL 34952

Mailing Address

1426 S.E. APPAMATTOX TERRACE
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

2195 S.E. AIRBORNE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8213
 Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE FL

4. FEI Number

31-1663658

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34985

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARRILLA, CARMEN
 1426 S.E. APPAMATTOX TERRACE
 PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

LUIS ROSA

Street Address (P.O. Box Number is Not Acceptable)

1426 S.E. MARISOL LANE

City

PORT ST. LUCIE

FL

Zip Code

34952

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

Luis Rosa V.P.

2/3/01

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

TITLE **D** ☒ Delete
 NAME PARRILLA, CARMEN
 STREET ADDRESS 1426 S.E. APPAMATTOX TERRACE
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE **D** ☐ Delete
 NAME DE JESUS, MARIA
 STREET ADDRESS 215 S.E. VOLTAIRE TERRACE
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE **D** ☐ Delete
 NAME ROSA, LUIS
 STREET ADDRESS 1426 S.E. MARISOL LANE
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE **D** ☐ Delete
 NAME RIVERA, MARGI
 STREET ADDRESS 1358 S.E. VESTRIDGE LANE
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE **D** ☐ Delete
 NAME GONZALEZ, CRUZ
 STREET ADDRESS 2351 S.E. HURLEY COURT
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME ROBINSON, BASILIA
 STREET ADDRESS 2550 S.E. RICHMOND ST.
 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/01

Daytime Phone #

561-348-0843

CR2E037 (10/00)