

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90161 022 \*\*\*\*61.25

**DOCUMENT # N99000000657**

1. Entity Name

**SPANISH AMERICAN COMMUNITY CLUB PORT ST. LUCIE CHAPTER, INC.**

Principal Place of Business

**2195 SE AIROSA  
 PORT SAINT LUCIE FL 34984  
 US**

Mailing Address

**PO BOX 8213  
 PORT ST LUCIE FL 34985  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**31-1663658**

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

**ROSA, LUIS  
 1426 S.E. MARISOL LANE  
 PORT ST. LUCIE FL 34952**

Name

**JOSE CASTRO**

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

**2199 ABCOR RD SE**

**P32 FL**

**34952**

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** ☐ Delete  
 NAME **ROBINSON, BASILIA**  
 STREET ADDRESS **2550 SE RICHMOND ST**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

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

TITLE ☐ Change ☒ Addition  
 NAME **President**  
 STREET ADDRESS **JOSE M. CASTRO**  
 CITY-ST-ZIP **2199 ABCOR RD SE**  
**P32 FL 34952**

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

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **OLGA COROERO**  
 CITY-ST-ZIP **1401 W TODD ST**  
**P32 FL 34953**

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

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

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

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

TITLE ☐ Delete  
 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02 712-3353604**

Date

Daytime Phone #

CR2E037 (9/01)