

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90175 029 ****61.25

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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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 31-1663658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, JOSE
2199 ABCAR RD SE
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, BASILIA	
STREET ADDRESS	2550 SE RICHMOND ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASTRO, JOSE M	
STREET ADDRESS	2199 ABCOR RD SE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSA, LUIS	
STREET ADDRESS	1426 S.E. MARISOL LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, MARGI	
STREET ADDRESS	1358 S.E. VESTRIDGE LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, CRUZ	
STREET ADDRESS	2351 S.E. HURLEY COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CORDERO, OLGA	
STREET ADDRESS	140 SW TODD ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, VICENTE	
STREET ADDRESS	461 SE. STARFISA AVE.	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, MARIA	
STREET ADDRESS	215 S.E. VOLTAIRE TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	

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**

CR2E037 (4/03)