

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0071408

04-10-2001 90063 043 ****61.25

DOCUMENT # **7-11696**

1. Entity Name

THE CANADIAN CLUB OF CHARLOTTE COUNTY, FLORIDA,

Principal Place of Business

Mailing Address

**26338 RAMPART BLVD
 UNIT F
 PUNTA GORDA FL 33983
 US**

**26338 RAMPART BLVD
 UNIT F
 PUNTA GORDA FL 33983
 US**

2. Principal Place of Business

469 PORTO ALEGRE ST.

Suite, Apt. #, etc.

3. Mailing Address

469 PORTO ALEGRE ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33983

Country

USA

Zip

33983

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DECASTE, JOYCE
 26338 RAMPART BLVE
 UNIT F
 PUNTA GORDA FL 33983-6606**

7. Name and Address of New Registered Agent

Name
DONALD J. DELAHAYE

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

469 PORTO ALEGRE ST

City
PUNTA GORDA

FL

Zip Code

33983

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.

DONALD J DELAHAYE

SIGNATURE

Donald J Delahaye

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 6, 2001

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 NAME	P GRAY, AL	<input type="checkbox"/> Delete
STREET ADDRESS	7602 SILAGE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE NAME	S WALTERS, JUNE	<input type="checkbox"/> Delete
STREET ADDRESS	19505 QUESADA, BOX 3913	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	
TITLE NAME	T EVERETT, GERRY	<input type="checkbox"/> Delete
STREET ADDRESS	18187 ROBINSON AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE NAME	D BEACOCK, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	13374 BRONZE AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33981	
TITLE NAME	VP GRAY, AL	<input type="checkbox"/> Delete
STREET ADDRESS	7602 SILAGE CIR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE NAME	DD ALBRIGHT, AL	<input type="checkbox"/> Delete
STREET ADDRESS	5997 HOBHILL ST	
CITY-ST-ZIP	NORTH PORT FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DECOSTE JOYCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	26338 RAMPART BLVD UNIT F	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE NAME	DELAHAYE DONALD J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	469 PORTO ALEGRE ST	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Donald J Delahaye
PRESIDENT

April 6, 2001

DATE

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CR2E037 (10/00)