

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90014 021 \*\*\*\*61.25

**DOCUMENT # 711696**

1. Entity Name

**THE CANADIAN CLUB OF CHARLOTTE COUNTY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

469 PORTO ALEGRE ST  
 PUNTA GORDA, FL 33983  
 US

469 PORTO ALEGRE ST  
 PUNTA GORDA FL 33983  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELAHAYE, DONALD J.**  
**469 PORTO ALEGRE ST**  
**PUNTA GORDA FL 33983**

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.

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 **P**  Delete  
 NAME **DELAHAYE, DONALD J**  
 STREET ADDRESS **469 PORTO ALEGRE ST**  
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **V**  Change  Addition  
 NAME **DECOSTE, JOYCE**  
 STREET ADDRESS **26338 RAMPART BLYD UNIT F**  
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **S**  Delete  
 NAME **DECOSTE, JOYCE**  
 STREET ADDRESS **26338 RAMPART BLVD. UNIT F**  
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **S**  Change  Addition  
 NAME **ABOUD, VIOLA**  
 STREET ADDRESS **2100 KINGS HWY. # 306 MLE,**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **T**  Delete  
 NAME **EVERETT, GERRY**  
 STREET ADDRESS **18187 ROBINSON AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D**  Change  Addition  
 NAME **WALTERS, HAZEN**  
 STREET ADDRESS **1950 S QUESADA, THE OAKS M 103**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D**  Delete  
 NAME **BEACOCK, KEN**  
 STREET ADDRESS **13374 BRONZE AVE**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33981**

TITLE **D**  Change  Addition  
 NAME **DELAHAYE, MABS**  
 STREET ADDRESS **469 PORTO ALEGRE ST,**  
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **VP**  Delete  
 NAME **GRAY, AL**  
 STREET ADDRESS **7602 SILAGE CIR.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **D**  Change  Addition  
 NAME **JOSEPH, DOLORES**  
 STREET ADDRESS **533 CRANDALL ST,**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **DD**  Delete  
 NAME **ALBRIGHT, AL**  
 STREET ADDRESS **5997 HOBHILL ST**  
 CITY-ST-ZIP **NORTH PORT FL**

TITLE **D**  Change  Addition  
 NAME **GOLDRING HERBERT**  
 STREET ADDRESS **1338 YORKSHIRE ST,**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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 Delahaye* **DELAHAYE, DONALD**

*Jan 8/02* **Jan 8/02**

*9417435028* **9417435028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)