

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90030 049 ****61.25

DOCUMENT # 747861

1. Entity Name

FRENCH QUARTER NORTH CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

**4050 FOURTH STREET NORTH
ST PETERSBURG FL 33703**

**4050 FOURTH STREET NORTH
ST PETERSBURG FL 33703-5738**

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

59-1928593

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

Name

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

City

FL

Zip Code

**WOLANYK BEVERLY
4050 FOURTH STREET NORTH #129
ST PETERSBURG FL 33703**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWSELL, BRIAN R
4050- 4TH ST. N. #206
ST. PETERSBURG FL 33703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WOLANYK, BEVERLY
4050- 4TH ST. N. #129
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ALLARD, ROGER
4050 4TH ST. N., #320
ST PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATENAUE, ARMAND
4050 4TH ST. N., #209
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LORENZO, FERNANDO
4050- 4TH ST. N. #121
ST PETERSBURG FL 33703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLSON, HELEN L
4050-4TH ST. N. #126
ST. PETERSBURG FL 33703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Bolduc, Paul E.
4050 4th St. No. #319
St. Petersburg, FL 33703** ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Forholt, Albert
4050 4th St. No. #201
St. Petersburg, FL 33703** ☐ Change ☒ Addition

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:

Beverly Wolanyk *Beverly Wolanyk* 1-31-00 727 526-6835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #