

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90036 048 ****61.25

DOCUMENT # 747861

1. Entity Name

FRENCH QUARTER NORTH CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1928593

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **PD** ☒ Delete
NAME **BOLDUC, PAUL E**
STREET ADDRESS **4050 4TH ST N #319**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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

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

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

TITLE **VD** ☒ Delete
NAME **FORHOLT, ALBERT**
STREET ADDRESS **4050 4TH STREET N #201**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **FERGUSON, LILLIAN**
STREET ADDRESS **4050 4th St N #111**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

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

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

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

TITLE **VD** ☐ Change ☒ Addition
NAME **REYBUCK, WANDA JEAN**
STREET ADDRESS **4050 4th St N #217**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/01)