# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 07, 2001 8:00 am**
**Secretary of State**
05-07-2001 90046 021 ****61.25

DOCUMENT # N40334

1. Entity Name

FRENCH-AMERICAN BUSINESS COUNCIL FOR GREATER ORL

| Principal Place of Business | Mailing Address |
|---|---|
| 4786 WEST IRLO BRONSON HWY.<br>KISSIMMEE FL 34746 | % JOHN NADD<br>4786 WEST IRLO BRONSON HWY.<br>KISSIMMEE FL 34746 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | P O Box 690535<br>Suite, Apt. #, etc. |
| City & State | Orlando FL 32869-0535<br>City & State |
| Zip / Country | 32869-0535 / US<br>Zip / Country |

4. FEI Number 59-3033537 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| NADD, JOHN<br>4786 WEST IRLO BRONSON HWY.<br>KISSIMMEE FL 34746 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PDST<br>NADD, JOHN<br>9217 HIDDEN BAY LANE<br>ORLANDO FL 32879 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAGOT, BRIGETTE<br>7144 SOMERSWORTH CT.<br>ORLANDO FL 32806 | ☐ Delete | VD<br>Dagot Brigitte<br>7144 Somersworth Ct<br>Orlando Fl 32835 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MURAT, CHRISTINA<br>100 SPINWOOD COURT<br>KISSIMMEE FL 34743 | ☒ Delete | ST<br>Edmonde Narsisyan<br>7626 Sand Lake Rd<br>Orlando Fl 32819 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GUTIERRE, DOMINIQUE<br>PARK AVENUE<br>WINTER PARK FL | ☐ Delete | VD<br>Gutierrez, Dominique<br>526 Park Ave S<br>Winter Park FL 32789 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 EDMONDE NARSISYAN 407352-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
4/15/01