

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90066 010 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 743827

1. Entity Name
CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I

Principal Place of Business 4265 13 AVE N ST. PETERSBURG FL 33713 US	Mailing Address 17117 GULF BLVD APT 627 NO. REDINGTON BEACH FL 33708-1482 US
2. Principal Place of Business	3. Mailing Address 5900 Shore Blvd S.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Diplomat Bldg. Apt. 507
City & State	City & State Gulfport
Zip	Country
Country	Zip

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAILLANCOURT, ROBIN A. 2530 WEST BAY DRIVE LARGO, FL MH 34640	7. Name and Address of New Registered Agent Name GENDRON RACHEL Street Address (P.O. Box Number is Not Acceptable) 121 BUTTWOOD CIRCLE (727) TEL: 392-3002 City SEMINOLE FL Zip Code 33777
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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 Rachel M. Gendron Rachel M. Gendron 3/28/00
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLE, JEAN-PAUL 770-32ND AVE., SOUTH #218 ST. PETERSBURG FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOILEAU, EUGENIE 17117 GULF BLVD, 627 N REDDINGTON BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAILLANCOURT, JACQUES 3100 26TH AVE, NORTH, LOT 22 ST. PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURNIER, ROMEO 4050 4TH STREET, NORTH ST. PETERSBURG FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUAY, ALINE 12400 US 19 NORTH, LOT 44 ST. PETERSBURG FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, THERESE 10780 - 43TH STREET., APT 701 CLEARWATER FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		S GARNEAU, MARCEL 4050 4th. STREET NORTH #226 ST. PETERSBURG FL. 33703	<input type="checkbox"/> Change <input type="checkbox"/> 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 MARCEL GARNEAU MARCEL GARNEAU 03/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/99)