

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90015 020 ****61.25

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

5980 SHORE BLVD S.
 DIPLOMAT BLDG APT 507
 SAINT PETERSBURG FL 33707
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Gulfport

4. FEI Number

NOT APPLICABLE

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

RACHEL, GENDRON
121 BUTTONWOOD CIRCLE
LARGO FL 33777

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	VP	<input checked="" type="checkbox"/> Delete
NAME	VALLE, JEAN-PAUL	
STREET ADDRESS	770-32ND AVE., SOUTH #218	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	FD	<input checked="" type="checkbox"/> Delete
NAME	HUOT, NICOLE	
STREET ADDRESS	5980 SHORE BLVD S.APT 507	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAUCHY, MARGOT	
STREET ADDRESS	38 TIFFIN WAY	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOURNIER, ROMEO	
STREET ADDRESS	4050 4TH STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARNEAU, MATCHEL	
STREET ADDRESS	4050 4TH STREET NORTH 226	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, THERESE	
STREET ADDRESS	10780 - 43TH STREET., APT 701	
CITY-ST-ZIP	CLEARWATER FL 33762	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guay Aline	
STREET ADDRESS	us 19 nord # 421	
CITY-ST-ZIP	Clearwater Fl. 33765	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Proteau, Gaetan	
STREET ADDRESS	770, 32e Ave sud, lot 321	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITA GELINAS	
STREET ADDRESS	370 - 53rd ave. N. apt 420	
CITY-ST-ZIP	St. Petersburg FL 33703	
TITLE	Treasurer - Assistant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huot Nicole	
STREET ADDRESS	5980 Shore Blvd Apt 507	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ayotte Laureanne	
STREET ADDRESS	2701 - 34th ST. N. # 317	
CITY-ST-ZIP	St Petersburg FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicole Huot* **Nicole Huot** Treasurer Date: *January 25/2001* 727 344-0233
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (10/00)