

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90782 014 \*\*\*\*70.00

**DOCUMENT # 716257**

1. Entity Name

**1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEV  
AUX, GRANDE VOITURE OF FLORIDA**



Principal Place of Business

**HUIT CHEVAUX GRAND VOITURE OF FLORIDA  
316 S W 25TH STREET  
FORT LAUDERDALE FL 33315**

Mailing Address

**1540 H 71 AVE  
HOLLYWOOD FL 33024  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6151483**

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

**ARCHER, SAM  
1540 N 71 AVE  
HOLLYWOOD FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*SAMUELE ARCHER Samuel E Archer SD*

*4-10-2003*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **ADAMS, JIM**  
STREET ADDRESS **751 CYPRESS LN APT B**  
CITY-ST-ZIP **POMPAHO BEACH FL 33064-5073**

TITLE **PD** ☒ Change ☐ Addition  
NAME **ROBERT ESTNER**  
STREET ADDRESS **253 FARNHAM BLDG**  
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE **D** ☐ Delete  
NAME **SCHIGHTL, HERBERT A**  
STREET ADDRESS **1600 N 71 AVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **SD** ☐ Delete  
NAME **ARCHER, SAM**  
STREET ADDRESS **1540 N. 71ST AVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **TD** ☐ Delete  
NAME **DOCYK, EDWARD**  
STREET ADDRESS **2134 NOVA VILLAGE DR**  
CITY-ST-ZIP **DAVIE FL 33317**

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

TITLE **D** ☒ Delete  
NAME **ESTNER, ROBERT**  
STREET ADDRESS **198 FARNHAM 1**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☒ Change ☐ Addition  
NAME **SHAW, Richard**  
STREET ADDRESS **1380 NW 43 Terr. A-301**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **SAMUELE ARCHER**

*SAMUELE ARCHER*

*4-10-2003*

*954-989-7154*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)