

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0326942 AV

DOCUMENT # **492019**

1. Entity Name
PLANTATION FRENCH QUARTER MANAGEMENT, INC.

03-06-2002 90066 013 ***150.00

Principal Place of Business Mailing Address
408 N.W. 70TH AVE. **408 N.W. 70TH AVE.**
PLANTATION FL 33317-7550 **PLANTATION FL 33317-7550**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1668793 Not Applicable

DO NOT WRITE IN THIS SPACE

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

COKER, BILL
334 NW 69TH AVE
SUITE 296
PLANTATION FL 33317

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input type="checkbox"/> Delete
NAME	CRAWFORD, BOBBIE
STREET ADDRESS	304 NW 69 AVE #155
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	P <input type="checkbox"/> Delete
NAME	COKER, BILL
STREET ADDRESS	334 NW 69TH AVE, #296
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	T <input type="checkbox"/> Delete
NAME	ODOM, WAYNE H
STREET ADDRESS	424 NW 69 AVE #122
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	VP <input type="checkbox"/> Delete
NAME	BECKMAN, ALAN
STREET ADDRESS	326 NW 69 AVE #143
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Bill Coker, President* 2-7-02 (954) 791-1850

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)