

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
03-12-2002 90072 001 ***456.25

DOCUMENT # 721724

1. Entity Name

FRENCH QUARTER CONDOMINIUM PHASE I, INC.

Principal Place of Business

408 N.W. 70TH AVENUE
PLANTATION FL 33317

Mailing Address

408 N.W. 70TH AVENUE
PLANTATION FL 33317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1464058**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LYNN E.
380 N.W. 69TH AVENUE APT.205
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **LYNN, DAVIS**
STREET ADDRESS **380 NW 69 AVE #205**
CITY-ST-ZIP **PLANTATION FL**

TITLE **VPD** ☐ Delete
NAME **GLEN, JOSEPH**
STREET ADDRESS **400 NW 70TH AVE. #213**
CITY-ST-ZIP **PLANTATION FL**

TITLE **TD** ☐ Delete
NAME **ZENTGRAF, GEORGE**
STREET ADDRESS **400 NW 70TH AVE. #111**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Delete
NAME **MILL, BOB**
STREET ADDRESS **400 NW 70TH AVE. #210**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☐ Delete
NAME **GARAVGLIA, ROSEMARY**
STREET ADDRESS **380 NW 70TH AVE. #101**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *Lynn Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2002 **584-4043**
Date Daytime Phone #

CR2E037 (9/01)