

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90072 001 \*\*\*456.25

**DOCUMENT # 726607**

1. Entity Name

**FRENCH QUARTER CONDOMINIUM PHASE V, INC.**

Principal Place of Business

**408 N.W. 70TH AVE.  
PLANTATION FL 33317-7550**

Mailing Address

**408 N.W. 70TH AVE.  
PLANTATION FL 33317-7550**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1464055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BILL COKER  
334 N.W. 69TH AVE.  
#296  
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 **D** ☐ Delete  
NAME **STAMPER, JANICE**  
STREET ADDRESS **316 NW 69TH AVE, #287**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VPD** ☐ Delete  
NAME **BURNS, DAVID**  
STREET ADDRESS **316 NW 69TH AVE, #187**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **PD** ☐ Delete  
NAME **COKER, WILLIAM**  
STREET ADDRESS **334 N.W. 69TH AVE., #296**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **TD** ☐ Delete  
NAME **HAMILTON, DAVID**  
STREET ADDRESS **334 NW 69TH AVE, 195**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☐ Delete  
NAME **VANNAIS, MARJORIE**  
STREET ADDRESS **334 NW 69TH AVE, 196**  
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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)