

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90154 016 \*\*\*\*61.25

**DOCUMENT # 743827**

1. Entity Name

**CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I  
 NC.**

Principal Place of Business

4265 13 AVE N  
 ST. PETERSBURG FL 33713  
 US

Mailing Address

~~5988 SHORE BLVD S.  
 DIPLOMAT BLDG APT 507  
 GULFPORT FL 33707  
 US~~

2. Principal Place of Business

3. Mailing Address

**121 BUTTONWOOD CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LARGO FL**

Zip

Country

Zip  
**33777**

Country  
**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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 **RACHEL GENDRON**

**2002-01-10**

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**  Delete  
 NAME ~~PROTEAU, GAETAN~~  
 STREET ADDRESS ~~770 32 E AVE SUD LOT 321~~  
 CITY-ST-ZIP ~~SAINT PETERSBURG FL 33705~~

TITLE **VICE-PRESIDENT**  Change  Addition  
 NAME **MAILHOT, GUY**  
 STREET ADDRESS **2701 - 34TH ST N #435**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **ATL**  Delete  
 NAME ~~HUOT, NICOLE~~  
 STREET ADDRESS ~~5980 SHORE BLVD S.APT 507~~  
 CITY-ST-ZIP ~~SAINT PETERSBURG FL 33707~~

TITLE **TREASURER**  Change  Addition  
 NAME **RAYMOND, GHISLAINE**  
 STREET ADDRESS **770 - 32nd AVE S #304**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **P**  Delete  
 NAME **CAUCHY, MARGOT**  
 STREET ADDRESS **38 TIFFIN WAY**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FOURNIER, ROMEO**  
 STREET ADDRESS **4050 4TH STREET, NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **ALINE, GUAY**  
 STREET ADDRESS **US 19 NORD #421**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME ~~DAVIS, THERESE~~  
 STREET ADDRESS ~~10780 - 43TH STREET., APT 701~~  
 CITY-ST-ZIP ~~CLEARWATER FL 33762~~

TITLE **D**  Change  Addition  
 NAME **EMOND, ODETTE**  
 STREET ADDRESS **270 BARNARD BLVD N**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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: **Alined Guay** (ALINED GUAY)

**2002-01-10**

**727-531-5974**

CR02037 (9/01)