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

**DOCUMENT # 754930** 

City & State

## FR



Apr 28, 2003 8:00 am § Secretary of State 04-28-2003 90233 020 \*\*\*\*61.25

**FILED** 

1. Entity Name FRENCH QUARTER CONDOM!		
Principal Place of Business	Mailing Address	
6266 1ST AVE SO 7217 GULF BLVD. ST. PETE FL 33707	7217 GULF BLVD 7217 GULF BLVD. SAINT PETE BEACH FL 33706-9	959

US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2073642

Applied For

Not Applicable

Zip _	Country	Zip	Cou	ntry	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				
		1		Name	<del></del>		
SCHNOOR, FRANK 7217 GULF BLVD			Street Address (P.O. Box Number is Not Acceptable)				
7217 GULF BLVD.	:: 2270e						
ST. PETE BEACH I	r 99100			City		FI	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 _	·		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

			<del> </del>	
FILE NOW: FEE IS \$61.25	Election Campaign Financing     Trust Fund Contribution.	□	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
<del></del>	<u> </u>			

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN	10
TITLE	D	☐ Delete	TITLE	DV	Change	☐ Addition
NAME	GUNNELS, ROBERTA		NAME			
STREET ADDRESS	6266 1ST AVENUE SOUTH UNIT 18		STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP			
TITLE	DP	☐ Delete	TITLE	D	<b>□</b> Change	☐ Addition
NAME	HOUGH, DORIS		NAME		••	
STREET ADDRESS	P.O. BOX 500		STREET ADDRESS			
CITY-ST-ZIP	NOBLETON FL		CITY-ST-ZIP			
TITLE	D	Delete	TITLE	DP	☐ Change	Addition
NAME	FRENCH, FRANK		NAME	<del>-</del> -	CUNET	^
STREET ADDRESS	6266 1ST AVE. SO. #17		STREET ADDRESS	WAGSTAFF, MI	CUMED	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707		CITY-ST-ZIP	St.Pete, Fl	. S. Unit #28	
TITLE	SD	☐ Delete	TITLE	DT	- Change	Addition
NAME	PROBECK, MARION		NAME		21	
STREET ADDRESS	275 6TH AVE. N.		STREET ADDRESS			
CITY-ST-ZIP	Tierra verde fl		CITY-ST-ZIP			
TITLE	DT	☐ Delete	TITLE	DS		☐ Addition
NAME	EDLUND, JERRY A		NAME			
STREET ADDRESS	6266 1ST AVE S UNIT 6		STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33707		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAMÉ			Ì
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			!

12. I hereby certify that the information supplied with this filling 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:

727-367.5270