

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90047 017 ****61.25

DOCUMENT # 755513

1. Entity Name

DALE VILLAGE SOCIAL CLUB, INC.

Principal Place of Business

**4801 S.W. 27TH COURT
PEMBROKE PARK FL 33023**

Mailing Address

**4801 S.W. 27TH COURT
PEMBROKE PARK FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0119026**

Applied For

Not Applicable

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

CERNY, DANIELLE

4801 S.W. 27TH COURT

DALE VILLAGE, INC.

PEMBROKE PARK FL 33023

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. 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 changing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

State of Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D HERARD, MARCEL**
STREET ADDRESS **4801 SW 25 CT**
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

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

TITLE ☐ Delete
NAME **D FORTIER, HENRI**
STREET ADDRESS **5061 SW 25 COURT**
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

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

TITLE ☐ Delete
NAME **VP DROLET, ANDRE**
STREET ADDRESS **2701 SW 51 AVE**
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

TITLE ☒ Change ☐ Addition
NAME **Drolet Andre**
STREET ADDRESS **2791 SW 51 AVE**
CITY-ST-ZIP **Pembroke PK FL**

TITLE ☐ Delete
NAME **S PATRY, MIREILLE**
STREET ADDRESS **4880 SW 25 COURT**
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

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

TITLE ☐ Delete
NAME **P VENS, ANDRE**
STREET ADDRESS **5100 SW 27 CT**
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

TITLE ☒ Change ☐ Addition
NAME **VP VENS Andre**
STREET ADDRESS **5100 SW 27 CT**
CITY-ST-ZIP **Pembroke PK FL**

TITLE ☐ Delete
NAME **T HAMEL, LOUISETTE**
STREET ADDRESS **4880 SW 28 STREET**
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

4-24-03

954-987 9471

CR2037 (10/02)