

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762123

1. Entity Name

COUNTRY CLUB MOBILE HOME OWNERS FEDERATION, INC.

Principal Place of Business

2801 NW 30TH COURT
OAKLAND PARK FL 33311
US

Mailing Address

2801 NW 30TH COURT
OAKLAND PARK FL 33311-1331
US

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

65-0078928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLEBOIS, REJEAN
2801 NW 30TH CT.
FT. LAUDERDALE FL 33311

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	VD	<input type="checkbox"/> Delete
NAME	PATENAUE, PIERRETTE	
STREET ADDRESS	2943 NW 28TH TERRACE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALPEAULT, LUCIEN	
STREET ADDRESS	3024 NW 28TH TERR.	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMORETTI, GABRIELLE	
STREET ADDRESS	2776 NW 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUVAK, JIM	
STREET ADDRESS	2929 NW 28TH LANE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, ARTHUR	
STREET ADDRESS	3031 NW 28TH LANE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUCHARD, CECILIA	
STREET ADDRESS	2923 NW 28TH TERRACE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)