

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90160 024 \*\*\*\*61.25

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  
US

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

65-0078928

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

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

7. Name and Address of New Registered Agent

Name GALIPEAULT Lucien  
Street Address (P.O. Box Number is Not Acceptable)  
3024 N.W. 28th Terrace  
Oakland Park  
City Fort Lauderdale FL Zip Code 33311

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.

LUCIEN GALIPEAULT

SIGNATURE *Lucien Galipeault*

01-22-2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LEGAULT, Andre 3007, N.W. 28th Lane, Oakland Park Fort Lauderdale FLA 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTE, Lorraine H. 2764, N.W. 29th Street Oakland Park FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Bond, Denise 2783, N.W. 29th Street Oakland Park FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATENAUE, Pierrette 2943, N.W. 28th Terrace Oakland Park FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chamberlain, Arthur 3031 N.W. 28th Lane Oakland Park FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELE, Terry 2792 N.W. 29th Street Oakland Park FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

02/05/01

(954) 739-8916

11:00 A.M.

CR2E037 (10/00)