

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004057

1. Entity Name

ASSOCIATION CANADO-AMERICAINE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 989
MANCHESTER NH 03105-0989

POST OFFICE BOX 989
MANCHESTER NH 03105-0989

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

02-0105200

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

PROVENCHER, DANIEL L
0140 KENSINGTON CIRCLE
CORAL SPRINGS FL 33076

Name
Provencher, Daniel L

Street Address (P.O. Box Number is Not Acceptable)
5014 Kensington Circle

City
Coral Springs

FL

Zip Code
33076

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
LEMIEUX, EUGENE A
52 CONCORD ST.
MANCHESTER NH 03101 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LABBE, CHARLES
3255, RUE HOUE
TROIS RIVIERES, QUEBEC ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COUTURIER, ROBERT L
52 CONCORD ST.
MANCHESTER NH 03101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Norman JJ. Patenaude
52 Concord St.
Manchester NH 03101 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PROVOST, ALFRED J
52 CONCORD ST.
MANCHESTER NH 03101 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BEAUDOIN, SERGE J
122 RUSTIC OAK DR.
SOUTHINGTON CT ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Alfred J. Provost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred J. Provost, 04/12/2000, 625-8577

Date

Daytime Phone #

CR2E037 (9/99)

(603)