## 2001 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zin

Suite, Apt. #, etc.

Country

City

Trust Fund Contribution.

☐ Delete

☐ Delete

Delete.

☐ Delete

☐ Delete

☐ Delete

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

## DOCUMENT # N0000007324 1. Entity Name CONFRERIE DE LA CHAINE DES ROTISSEURS BAILLAGE D Principal Place of Business Mailing Address 17120 GULF BLVD. 17120 GULF BLVD. N. REDINGTON BEACH FL 33708 N. REDINGTON BEACH FL 33708

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

HALL, CARL M

D

17120 GULF BLVD.

PROCTOR, FRANK

RIEDL, KARL

460 HARBOR DR. N.

148 MARINA PLAZA

**DUNEDIN FL 34698** 

MASCARA, ERNEST L

ST. PETERSBURG FL 33701

MCCRORY, RICHARD J

540 FOURTH STREET N.

ST. PETERSBURG FL 33701

N. REDINGTON BEACH FL 33708

**INDIAN ROCKS BEACH FL 33785** 

KRESS BLDG., STE. M-8, 475 CENTRAL AVE.

2. Principal Place of Business

Suite, Apt. #, etc.

HALL, CARL M 17120 GULF BLVD.

N. REDINGTON BEACH FL 33708

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

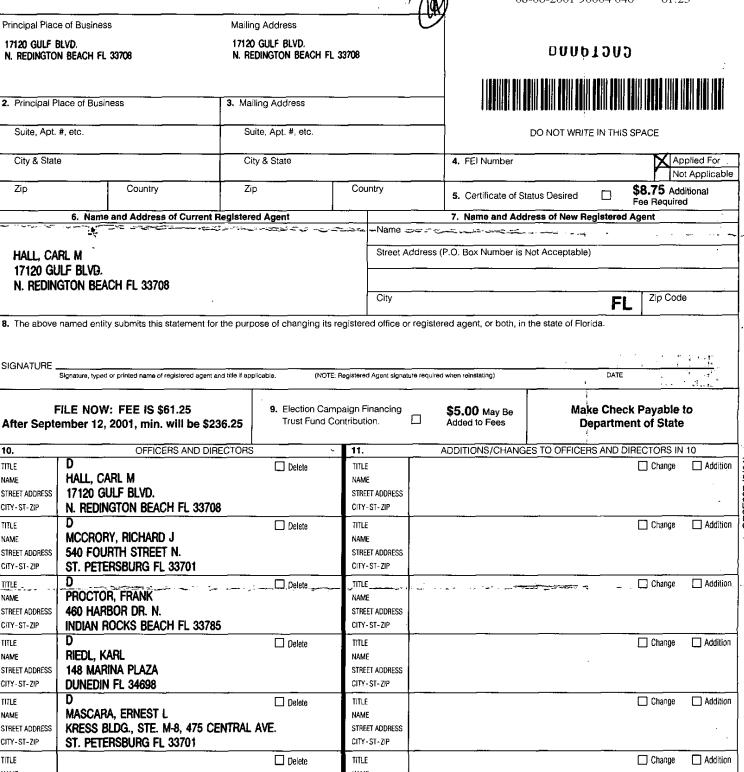
CITY-ST-ZIP TITLE

CITY-ST-7IP

CITY-ST-ZIP

## **FILED** Aug 06, 2001 8:00 am Secretary of State

05-17-2001 91083 042 \*\*\*\*61.25 08-06-2001 90004 046 \*\*\*\*61.25



12. I hereby certify that the information supplied with this fluing 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 supplied into any 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 employment 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 attachmen with an addres

CITY-ST-ZIP

SIGNATURE: