

5/19

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90240 003 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N00000007324

1. Entity Name

**CONFRIERIE DE LA CHAINE DES ROTISSEURS BAILLAGE D  
E PINELLAS GULF COAST, INC.**

Principal Place of Business

Mailing Address

17120 GULF BLVD.  
N. REDINGTON BEACH FL 33708

17120 GULF BLVD.  
N. REDINGTON BEACH FL 33708

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

**APPLIED FOR**

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

**HALL, CARL M  
17120 GULF BLVD.  
N. REDINGTON BEACH FL 33708**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D HALL, CARL M**  
STREET ADDRESS **17120 GULF BLVD.**  
CITY-ST-ZIP **N. REDINGTON BEACH FL 33708**

TITLE  Change  Addition  
NAME **PRESIDENT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D MCCRORY, RICHARD J**  
STREET ADDRESS **540 FOURTH STREET N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D PROCTOR, FRANK**  
STREET ADDRESS **460 HARBOR DR. N.**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D RIEDL, KARL**  
STREET ADDRESS **148 MARINA PLAZA**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D MASCARA, ERNEST L**  
STREET ADDRESS **KRESS BLDG., STE. M-8, 475 CENTRAL AVE.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carl M. Hall, President* **4/23/2002** **727 392-2500**

CP2E037 (9/01)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 11-20-2001  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 59-3754874  
FORM: SS-4  
0727600386 0

*All attached  
ID #  
NO 0000067324*

94727

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

CONFERE DE LA CHANE DES ROTISSEUPS  
BAILLAGE DE PINELLAS GULF COAST IN  
17120 GULF BLVD  
N REDINGTON BCH FL 33708

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3754874. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0727600386

Your Telephone Number ( ) Best Time to Call

DATE OF THIS NOTICE: 11-20-2001  
EMPLOYER IDENTIFICATION NUMBER: 59-3754874  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

CONFERE DE LA CHANE DES ROTISSEUPS  
BAILLAGE DE PINELLAS GULF COAST IN  
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