

5/19

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N00000007324

1. Entity Name

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

Principal Place of Business

17120 GULF BLVD.
N. REDINGTON BEACH FL 33708

Mailing Address

17120 GULF BLVD.
N. REDINGTON BEACH FL 33708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition

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

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

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (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 0000007324*

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

94727
FOR ASSISTANCE CALL US AT:
1-800-829-1040

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

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BAILLAGE DE PINELLAS GULF COAST IN
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