

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90450 015 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3754874**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **NANCY FITZMORRIS**  
STREET ADDRESS **P.O. BOX 12666**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33733**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **TED SONNENSCHNEIN**  
STREET ADDRESS **17083 DOLPHIN DRIVE**  
CITY-ST-ZIP **N. REDINGTON BEACH, FL 33708**

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

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

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 ☐ 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 REQUIRED**

**4/16/03**

**727-892-2500**

CR2E037 (10/02)