

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90076 032 ****61.25

DOCUMENT# NO1000006573

1. Entity Name: **LEGLISE DE DIEU BON BERGER INC.**

Principal Place of Business

**128 LEE BLVD
 LEHIGH ACRES FL 33936**

Mailing Address

**128 LEE BLVD
 LEHIGH ACRES FL 33936**

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

65-1091178

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

**RUSSELL, EARL R
 1305 HOMESTEAD RD N STE 102
 LEHIGH ACRES FL 33936**

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

☐ 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	D JULES, LIONEL 218 CONNECTICUT RD LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAUVIN, MARIE P 2833 SURFSIE BLVD CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JULES, ISMENE 218 CONNECTICUT RD LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAYO, BEATRICE 3103 FIRST ST SW LEHIGH ACRES FL 33971	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lionel Jules*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-02

Date

Daytime Phone #

CR2E037 (9/01)