

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90198 028 \*\*\*\*61.25

**DOCUMENT # N01000006573**

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

☐ CHECK HERE IF MAKING CHANGES

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)

**322 GUNNERY RD STE D**

City

**LEHIGH ACRES**

FL

Zip Code

**33971**

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

*Earl R. Russell*

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

(NOTE: Registered Agent signature required when reinstating)

**4-2-03**

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 **D** ☐ Delete  
NAME **JULES, LIONEL**  
STREET ADDRESS **218 CONNECTICUT RD**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

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

TITLE **SD** ☐ Delete  
NAME **GAUVIN, MARIE P**  
STREET ADDRESS **2833 SURFSIE BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **TD** ☐ Delete  
NAME **JULES, ISMENE**  
STREET ADDRESS **218 CONNECTICUT RD**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

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

TITLE **D** ☐ Delete  
NAME **CAYO, BEATRICE**  
STREET ADDRESS **3103 FIRST ST SW**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

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**

*Earl R. Russell*

**4-2-03/239-368-297**

CR2E037 (10/02)