

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01724

1. Entity Name

CLUB RICHELIEU LES COPINES, INC.



FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90012 013 ****61.25

Principal Place of Business

2116 N. 14TH TERRACE
HOLLYWOOD FL 33020

Mailing Address

210 SE 7TH STR.
DANIA FL 33004

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

65-0060938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEFEBVRE, DENISE
210 SE 7TH STREET
DANIA FL 33004

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	LEFEBVRE, DENISE	
STREET ADDRESS	210 SE 7TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMONTIENY, JEANINE	
STREET ADDRESS	2601 SW 48TH TER	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUCY, JEANNINE	
STREET ADDRESS	5121 SW 26TH CT	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENECAL, MICHELE	
STREET ADDRESS	375 SW 14TH ST. #19	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASSON, JANINE	
STREET ADDRESS	1446 HAYES	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARD, RINA	
STREET ADDRESS	1822 WILSON	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Soucy	
STREET ADDRESS	5121 SW 26 CT.	
CITY-ST-ZIP	Hollywood, FL. 33023	
TITLE	Yvon Lefebvre	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvon Lefebvre	
STREET ADDRESS	210 SE 7TH ST.	
CITY-ST-ZIP	DANIA, FL 33006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENECAL, Michele	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Yvonne Courage	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne Courage	
STREET ADDRESS	2550 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL. 33020	
TITLE	Bernard Rina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Rina	
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 #

CR2E037 (5/00)