

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90021 030 \*\*\*\*61.25

**DOCUMENT # N02913**

1. Entity Name

**LES BONNES AMIES CLUB, INC.**

Principal Place of Business

**2001 NW 3 COURT  
FT. LAUDERDALE FL 33311  
US**

Mailing Address

**2001 NW 3 CT.  
FT. LAUDERDALE FL 33311  
US**

2. Principal Place of Business

**1630 NW 26 Terrace**

3. Mailing Address

**1630 NW 26 Terrace**

Suite, Apt. #, etc.

**Ft. Lauderdale, FL 33311**

Suite, Apt. #, etc.

**Ft. Lauderdale, FL 33311**

City & State

City & State

Zip

**33311**

Country

**USA**

Zip

**33311**

Country

**USA**

4. FEI Number

**59-0739787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STORR, MAUDE  
2001 NW 3 COURT  
FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name  
**DELORES McKINLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**1630 NW 26 Terrace**

**Ft. Lauderdale, FL 33311**

City

**FL**

Zip Code

**33311**

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 **Delores McKinley**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**4/11/01**

**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 **FSD** ☐ Delete  
NAME **THOMAS, JEANETTE**  
STREET ADDRESS **4845 NW 8 ST**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **V** ☐ Delete  
NAME **MCCRAY, DELORES**  
STREET ADDRESS **1630 NW 26 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **TD** ☐ Delete  
NAME **SUMLIN, CHARLEY M**  
STREET ADDRESS **2810 NW 23 ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **PD** ☒ Delete  
NAME **STORR, MAUDE L**  
STREET ADDRESS **2001 NW 3RD COURT**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition  
NAME **THOMAS, JEANETTE**  
STREET ADDRESS **4845 NW 8 ST**  
CITY-ST-ZIP **PLANTATION, FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **McKINLEY, DELORES**  
STREET ADDRESS **1630 NW 26 TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

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

TITLE **VD** ☐ Change ☒ Addition  
NAME **GINN, VERA**  
STREET ADDRESS **6700 SW 20 STREET**  
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☒ Change ☐ Addition  
NAME **STORR, MAUDE L.**  
STREET ADDRESS **2001 NW 3rd COURT**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Delores Y. McKinley** **4/11/01**

Date

Daytime Phone #

CR2E037 (10/00)