

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90099 027 ****61.25

DOCUMENT # N02913

1. Entity Name

LES BONNES AMIES CLUB, INC.

Principal Place of Business

**1630 NW 26 TERRACE
 FT. LAUDERDALE FL 33311
 US**

Mailing Address

**1630 NW 26 TERRACE
 FT. LAUDERDALE FL 33311
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0739787

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCKINLEY, DELORES
 1630 NW 26 TERRACE
 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 N.W. 26th Terr

City **FT. LAUDERDALE**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ 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 **FSD** ☐ Delete
 NAME **STORR, MAUDE L.**
 STREET ADDRESS **2001 NW 3RD COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **VD** ☐ Delete
 NAME **GINN, VERA**
 STREET ADDRESS **6700 SW 20 TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **SD** ☐ Delete
 NAME **MILLS, PATSY**
 STREET ADDRESS **2540 N W 27th St**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
 NAME **MILLS, PATSY**
 STREET ADDRESS **2540 NW 27th St**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

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

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

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

TITLE ☐ Change ☐ Addition
 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: **CHARLEY M. BRYANT-SUMLIN** 1/23/02 (954) 739-5476

CR2E037 (9/01)