

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90199 022 ****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

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MCKINLEY, DELORES
1630 N.W. 26TH TERR
FT. LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCRAY, DELORES	
STREET ADDRESS	1630 NW 26 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUMLIN, CHARLEY M	
STREET ADDRESS	2810 NW 23 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	STORR, MAUDE L.	
STREET ADDRESS	2001 NW 3RD COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GINN, VERA	
STREET ADDRESS	6700 SW 20 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLS, PATSY	
STREET ADDRESS	2540 NW 27TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. M. Bayard
C. M. Bayard

2/5/03
2/5/03

(954) 739-5476
(954) 739-5476

Date

Daytime Phone #

CR2E037 (10/02)