

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04000003383

1. Entity Name

THE HAITIAN AMERICAN CITIZEN CLUB, INC.

P

FILED

00 AUG 20 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

436C N 7TH ST.
FORT PIERCE FL 34950
US

Mailing Address

POST OFFICE BOX 2898
FORT PIERCE FL 34954

2. Principal Place of Business

115 N. 13th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2898
Fort Pierce FL 34954

Suite, Apt. #, etc.

City & State

Fort Pierce Florida

City & State

Zip

Country

34950

4. FEI Number

59-3361836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

05/18/00 90390 005 158.75

6. Name and Address of Current Registered Agent

MCKINNON, MICHAEL L JR. ESQ
415 AVENUE A, SUITE 206
FORT PIERCE FL 34950

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PP
NAME LAJEUNE, BEAUSEJOUR
STREET ADDRESS 201 NORTH 8TH ST
CITY-ST-ZIP FT PIERCE FL 34950 ☐ Delete

TITLE VP
NAME BEAUSEJOUR, LAJEUNNE
STREET ADDRESS 201 N. 8TH ST
CITY-ST-ZIP FT PIERCE FL 34950 ☒ Delete

TITLE S
NAME GERMAIN, LOUIS
STREET ADDRESS 5451 NW MANVILLE DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☐ Delete

TITLE T
NAME PIERRE, JACQUE
STREET ADDRESS 2617 OLEANDER AVE
CITY-ST-ZIP FT PIERCE FL 34950 ☐ Delete

TITLE PR
NAME JEAN, EDMOND
STREET ADDRESS 512 N. 8TH ST.
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP
NAME Limane Georges
STREET ADDRESS 300 South 18th Street
CITY-ST-ZIP Fort Pierce FL 34950 ☐ Change ☒ Addition

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Michael L. Jr. Esq. McKinnon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-00

CR2ED04 (5/00)