

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N04000003383**

1. Entity Name

**THE HAITIAN AMERICAN CITIZEN CLUB, INC.**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90361 049 \*\*\*150.00

Principal Place of Business

115 N. 13TH STREET  
FORT PIERCE FL 34950  
US

Mailing Address

POST OFFICE BOX 2898  
FORT PIERCE FL 34954

**ADD/VOU**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3361836**

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

**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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**PP**  
**LAJEUNE, BEAUSEJOUR**  
**201 NORTH 8TH ST**  
**FT PIERCE FL 34950**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**VP**  
**LIANE, GEORGES**  
**300 SOUTH 18TH STREET**  
**FORT PIERCE FL 34950**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete  
**PR**  
**JEAN, EDMOND**  
**512 N. 6TH ST.**  
**FT PIERCE FL**

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

TITLE  
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☐ 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: *LaJeune Beausejour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Person #

**4-9-001 561.359.362**

0562242

CR2E034 (10/00)

Memo

Attachment  
D#P95000087814  
A0000501

4/24/2001

Excuse us, we forgot to include  
Money order with original Corporation  
Please excuse us for this matter.

Sincere ly  
Gordon Gordon