

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90492 030 ***150.00

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DOCUMENT # NO4000003383

1. Entity Name

THE HAITIAN AMERICAN CITIZEN CLUB, INC.

Principal Place of Business

Mailing Address

115 N. 13TH STREET
 FORT PIERCE FL 34950
 US

POST OFFICE-BOX 2898
 FORT PIERCE FL 34954

2. Principal Place of Business

106 North 9th Street

3. Mailing Address

P.O. Box 2898

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Fort Pierce Florida

City & State
 Fort Pierce Florida

4. FEI Number 59-3361836

Applied For
 Not Applicable

Zip 34950 County St Lucie

Zip 34950 County St Lucie

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

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

Same Agent
 but address had
 been changed.

Name

Street Address (P.O. Box Number is Not Acceptable)

911 Delaware Ave

City Fort Pierce

FL

Zip Code 34950

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PP
 NAME LAJEUNE, BEAUSEJOUR
 STREET ADDRESS 201 NORTH 8TH ST
 CITY-ST-ZIP FT PIERCE FL 34950
 Same no change

TITLE VP
 NAME LIMANE, GEORGES
 STREET ADDRESS 300 SOUTH 18TH STREET
 CITY-ST-ZIP FORT PIERCE FL 34950
 Same no change

TITLE S
 NAME GERMAIN, LOUIS
 STREET ADDRESS 5451 NW MANVILLE DRIVE
 CITY-ST-ZIP PORT ST LUCIE FL 34983
 Same no change

TITLE T
 NAME PIERRE, JACQUE
 STREET ADDRESS 2617 OLEANDER AVE
 CITY-ST-ZIP FT PIERCE FL 34950
 Same no change

TITLE
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 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-2002 772 4610398

Date

Daytime Phone #

CR2E034 (9/01)