

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08459

1. Entity Name

SEVILLE COURT RESIDENTS' ASSOCIATION, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90011 004 ****61.25

Principal Place of Business	Mailing Address
403 N.E. 4TH AVE HALLANDALE FL 33009 US	353 NE MAPLE HALLANDALE FL 33009-3438 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ST PIERE, ARTHUR
345 NE 5 ST
HALLANDALE FL 33009

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 _____ DATE 01/20/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	CORBEIL, CLAUDETTE	
STREET ADDRESS	449 N.E. 5TH STREET	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONEAU, ANDRE	
STREET ADDRESS	405 NE 4TH CT	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUBE, MARGUERITE	
STREET ADDRESS	353 N.E. MAPLE STREET	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LECOMPTE, HENRI	
STREET ADDRESS	339 N.E. 4TH CT.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOUCHER, HENRIETTE	
STREET ADDRESS	306 NE MAPLE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST PIERRE, ARTHUR	
STREET ADDRESS	345 NE 5TH ST	
CITY-ST-ZIP	HALLANDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBEIL CLAUDETTE	
STREET ADDRESS	449 NE 5TH STREET	
CITY-ST-ZIP	HALLANDALE	
TITLE	SIMONEAU ANDRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	405 N.E. 4 COURT	
STREET ADDRESS	HALLANDALE FL	
CITY-ST-ZIP	33009	
TITLE	DUBE MARGERITE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	353 N.E. MAPLE STREET	
STREET ADDRESS	HALLANDALE FL.	
CITY-ST-ZIP		
TITLE	LECOMPTE HENRI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	339 N.E. 4TH CT.	
STREET ADDRESS	HALLANDALE FL.	
CITY-ST-ZIP		
TITLE	SD-PIERRE ARTHUR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 NE 5TH ST.	
STREET ADDRESS	HALLANDALE FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M	
STREET ADDRESS	C	
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:

SIGNATURE REQUIRED *Marguerite Dube* 954-457-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01-20-00 Daytime Phone #

CR2E037 (9/99)