

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90080 042 ****61.25

DOCUMENT # N95000004249

1. Entity Name

**VOITURE LOCALE #218; LA GRANDE VOITURE OF FLORID
A: LA SOCIETE DES QUARANTE ET HUIT CHEVAUX, INC.**

Principal Place of Business

Mailing Address

**AMERICAN LEGION
300 AVENUE M NW
WINTER HAVEN FL 33881**

**AMERICAN LEGION
300 AVENUE M NW
WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3351372

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

7. Name and Address of New Registered Agent

**GIFFIN, CHUCK
1254 TANGERINE PARK WAY, N.E.
WINTER HAVEN FL 33881**

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

George C. Madore

1-13-02

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MADORE, GEORGE**
STREET ADDRESS **2900 POWERLINE ROAD**
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **VT** ☒ Delete
NAME **PATTEN, WILLIAM**
STREET ADDRESS **20055 S. FLORAL AVE #193**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **VT** ☐ Change ☒ Addition
NAME **JOHN PAYE**
STREET ADDRESS **116 7TH ST.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **T** ☐ Delete
NAME **GIFFIN, CHUCK**
STREET ADDRESS **1254 TANGERINE PKWY NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

George C. Madore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02

Date

863-242-3818

Daytime Phone #

CR2E037 (9/01)