

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90125 007 \*\*\*\*61.25

DOCUMENT # N99000000558

1. Entity Name

FRENCH-AMERICAN TRADE COUNCIL, INC.

*R*

Principal Place of Business

Mailing Address

BROWARD FINANCIAL CENTRE  
500 E. BROWARD BLVD., STE. 1400  
FORT LAUDERDALE FL 33394

BROWARD FINANCIAL CENTRE  
500 E. BROWARD BLVD., STE. 1400  
FORT LAUDERDALE FL 33394-3076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*APPLIED FOR*

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, RUSSELL M  
BROWARD FINANCIAL CENTRE  
500 E. BROWARD BLVD., STE. 1400  
FORT LAUDERDALE FL 33394

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 re-registering)

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 **D**  Delete  
NAME **BAUER, JOHN P**  
STREET ADDRESS **2601 E OAKLAND PARK BLVD., STE. 602**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **GARDNER, RUSSELL M**  
STREET ADDRESS **500 E BROWARD BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33394**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **WEAVER, NORMA**  
STREET ADDRESS **500 E. BROWARD BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33394**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 lists employees.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #