

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000000558**

1. Entity Name

**FRENCH-AMERICAN TRADE COUNCIL, INC.****F****FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

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

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**☒ **Applied For**  
☐ **Not Applicable**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

**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 reappointing)

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-ZIPTITLE **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-ZIPTITLE **D** ☐ Delete  
NAME **WEAVER, NORMA**  
STREET ADDRESS **500 E. BROWARD BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33394**TITLE ☐ Change ☐ Addition  
NAME  
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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 life employees.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #