

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000074769**

1. Entity Name

**THE FRENCH QUARTER AT COCOA VILLAGE, INC.****FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90407 050 \*\*\*150.00

008396

Principal Place of Business

**1795 COGSWELL STREET  
ROCKLEDGE FL 32955**

Mailing Address

**1795 COGSWELL STREET  
ROCKLEDGE FL 32955****C0039201**

DO NOT WRITE IN THIS SPACE

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

**593663961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CELJO, ALBERT D ESQ  
976 BREVARD AVE  
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name

**Donald N Molitor**

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

**1795 Cogswell St**

City

**Rockledge**

FL

Zip Code

**32955**

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

Signatures 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, 2001 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

TITLE **D** ☐ Delete  
NAME **MOLITOR, DONALD N**  
STREET ADDRESS **1171 N. INDIAN RIVER DRIVE**  
CITY-ST-ZIP **COCOA FL 32922**TITLE **D** ☐ Delete  
NAME **MOLITOR, JUDITH M**  
STREET ADDRESS **1171 N. INDIAN RIVER DRIVE**  
CITY-ST-ZIP **COCOA FL 32922**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3216360720**

CR2E034 (10/00)