

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90059 042 ***150.00

DOCUMENT # V25796

1. Entity Name

ROULETTE CORPORATION

Principal Place of Business

**614 US 27 SOUTH
 LAKE PLACID FL 33852**

Mailing Address

**PO BOX 1269
 LAKE PLACID FL 33852**

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 **59-3131589**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROULETTE, J.C.
 614 US 27 SOUTH
 LAKE PLACID FL 33852**

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

Signature, 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	S	<input type="checkbox"/> Delete
NAME	TREAT, DONNA M.	
STREET ADDRESS	450 OHIO ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	AST	<input type="checkbox"/> Delete
NAME	ROULETTE, BETTY MAE	
STREET ADDRESS	614 US 27 SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROULETTE, J.C.	
STREET ADDRESS	614 US 27 SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROULETT, JUDY	
STREET ADDRESS	614 US 27 SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUSSIER, JR. R	
STREET ADDRESS	1004 GARDENIA ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WORLEY, LEONARD	
STREET ADDRESS	16 BELVIEW AVENUE	
CITY-ST-ZIP	LAKE PLACID FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA TREAT	
STREET ADDRESS	3068 OLEANDER DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP DANLEY, JEAN	
STREET ADDRESS	95 COLE DANLEY DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	

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 #

CR2E034 (10/00)

0531800