

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721551

1. Entity Name

CHATEAU-BY-THE-SEA, INC.

Principal Place of Business

Mailing Address

3663 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

3663 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

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 59-1410730

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

TRICKEL, KENT
4715 HALL ROAD
ORANGE FL 32817

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

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	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	FREDDA, VICTOR	
STREET ADDRESS	4015 LAKE MIRA DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	GEMSCH, MARCUS	
STREET ADDRESS	1281 SEYBOLD TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, HARRY	
STREET ADDRESS	351 LAKE RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRICKEL, KENT	
STREET ADDRESS	4715 HALL RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	<input checked="" type="checkbox"/> V	<input type="checkbox"/> Delete
NAME	STORY, AMY C	
STREET ADDRESS	1771 KILLARNEY DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	<input checked="" type="checkbox"/> P+T	<input type="checkbox"/> Delete
NAME	DANCE, HELEN	
STREET ADDRESS	10010 MCCORMICK PL	
CITY-ST-ZIP	KNOXVILLE TN 37923	

TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. MARION FLOYD	
STREET ADDRESS	1475 DODD ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON SUTHERLAND	
STREET ADDRESS	36213 CLEAR LAKE DR.	
CITY-ST-ZIP	EUSTIS, FL 3273	
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		

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: *Kentrick Trickel* 1/25/02 407 671-6643

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90009 007 ****61.25

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DO NOT WRITE IN THIS SPACE.

CR2E037 (9/01)