

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/21

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90003 023 \*\*\*\*61.25

**DOCUMENT # 729975**  
 1. Entity Name  
**CHATEAU SUZANNE, INC.**

Principal Place of Business      Mailing Address  
**3030 BINNACLE DRIVE**      **3030 BINNACLE DRIVE**  
**NAPLES FL 34103**      **NAPLES FL 34103**

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 **59-1641909**      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  
**AMRHEIN, BARBARA**  
**3030 BINNACLE DRIVE**  
**#109**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name **JACK BELCHER**  
 Street Address (P.O. Box Number is Not Acceptable) **3030 Binnacle Dr**  
**Naples**  
 City **FL**      Zip Code **34103**

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 *Barbara Amrhein*      *Jack Belcher*      **4/3/01**      **3/8/01**  
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

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AMRHEIN, BARBARA</b>	
STREET ADDRESS	<b>3030 BINNACLE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>TRAPASSO, JILL</b>	
STREET ADDRESS	<b>3580 1ST AVE SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BELCHER, JACK</b>	
STREET ADDRESS	<b>3030 BINNACLE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIMBALL, KEVIN</b>	
STREET ADDRESS	<b>3030 BINNACLE DR. #105</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLYCZEK, WALTER</b>	
STREET ADDRESS	<b>3030 BINNACLE DR. #110</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMMERT, ANDREA</b>	
STREET ADDRESS	<b>3030 Binnacle Dr # 304</b>	
CITY-ST-ZIP	<b>Naples, FL 34103</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRUSCIANTE, ARMANDO</b>	
STREET ADDRESS	<b>3030 Binnacle Dr # 310</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34103</b>	
TITLE	<b>VP</b>	<input checked="" 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: *Jill Trapasso*      **SIGNATURE REQUIRED**      **TRAPASSO, JILL**      **3/6/01**      **941-455-7492**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)