

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19910

1. Entity Name

LES CHATEAU VILLA HOMEOWNERS, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90013 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1119 RUE DE DORE  
TAVARES FL 32778

1119 RUE DE DORE  
TAVARES FL 32778-3648

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

59-2797491

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

LAUDUE, NORMAN  
1130 RUE DE DORE  
TAVARES FL 32778

Name

TED KELLE

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

1134 RUE DE DORE

City

TAVARES

FL

Zip Code

32778

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

TED KELLE, MANAGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2 Feb 00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSE, ROBERT M	
STREET ADDRESS	237 RUEDEFONTAINE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANSELM, MARY	
STREET ADDRESS	248 RUE DE FONTAINE	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASMUS, NELLIE ROSE	
STREET ADDRESS	234 RUE DE FONTAINE	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LADUE, NORMAN	
STREET ADDRESS	1130 RUE DE DORE	
CITY-ST-ZIP	TAVARES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BEDINO, GIL	
STREET ADDRESS	1134 RUE DE DORE	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>PD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>NTH ALLEN</del>	
STREET ADDRESS	<del>1118 RUE DE DORE</del>	
CITY-ST-ZIP	<del>TAVARES, FL 32778</del>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE ROBERT M	
STREET ADDRESS	237 RUE DE FONTAINE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	HINKLE, LION PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	232 RUE DE PARESSE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	BENNINGTON, Keith TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1115 RUE DE DORE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	Gough, Richard D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	217 RUE DE PARESSE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	DUNFER, William VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1114 RUE DE DORE	
CITY-ST-ZIP	TAVARES, FL 32778	

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:

Lionel Hinkle 2-8-00 352-343-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)