

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 419289

1. Entity Name

CHATEAU VILLAGE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90205 027 ***150.00

Principal Place of Business

612 53RD AVE W
BRADENTON FL 34207
US

Mailing Address

8413-9TH AVE. N.W.
BRADENTON FL 34209-9746

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1443460

Applied For

Not Applicable

5. Certificate of Status Desired

~~Additional Fee Required~~

00010443



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITCOMB, HAROLD
8413 9TH AVE N W
BRADENTON, FL
34209

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, 2000 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 DPT
NAME WEICHEL, JOHN A.
STREET ADDRESS 4401 RIVERVIEW BLVD WEST
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE S
NAME WHITCOMB, HAROLD W.
STREET ADDRESS 8413 9TH AVE NW
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE DV
NAME WELDON, JEAN
STREET ADDRESS 5115 36TH ST W
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Harold Whitcomb, Sec HAROLD WHITCOMB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #