

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90367 007 ****61.25

DOCUMENT # 736697

1. Entity Name
THE CHATEAUX CLUB, INC.



Principal Place of Business

**7071 W. COMMERCIAL BLVD
STE 28
TAMARAC FL 33319**

Mailing Address

**7071 W. COMMERCIAL BLVD
STE 28
TAMARAC FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2201969**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SUNRAE MANAGEMENT SERVICES, INC.
7071 W. COMMERCIAL BLVD.
SUITE 28
TAMARAC FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Busch

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **SIMPSON, STAN**
STREET ADDRESS **1932 N OAK HAVEN CIRCLE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **P** ☒ Change ☐ Addition
NAME **Bergvist, Denise**
STREET ADDRESS **1942 N. Oak Haven Circle**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **VP** ☐ Delete
NAME **WEINSTEIN, STEVEN**
STREET ADDRESS **1930 N OAK HAVEN CIRCLE**
CITY-ST-ZIP **N MIAMI FL 33179**

TITLE **D** ☐ Change ☒ Addition
NAME **Kahn, Howard**
STREET ADDRESS **20209 W. Oak Haven Circle**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **TS** ☐ Delete
NAME **BERGVIST, DENIS**
STREET ADDRESS **1942 N OAK HAVEN CIRCLE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ Change ☒ Addition
NAME **Sacks, Stuart**
STREET ADDRESS **1965 S. Oak Haven Circle**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **DT** ☐ Delete
NAME **LABATON, SANDY**
STREET ADDRESS **20001 W OAK HAVEN CIR**
CITY-ST-ZIP **N MIAMI FL 33179**

TITLE **VP** ☒ Change ☐ Addition
NAME **Labaton, Sandy**
STREET ADDRESS **20001 W. Oak Haven Circle**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **D** ☐ Delete
NAME **POLITANO, JONATHAN**
STREET ADDRESS **20215 W OAK HAVEN CIRCLE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **S** ☐ Change ☒ Addition
NAME **Hudson, Samantha**
STREET ADDRESS **20271 W. Oak Haven Circle**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **D** ☒ Delete
NAME **WERNER, KEN**
STREET ADDRESS **1961 S OAK HAVEN CIRCLE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **T** ☒ Change ☐ Addition
NAME **Weinstein, Steven**
STREET ADDRESS **1930 N. Oak Haven Circle**
CITY-ST-ZIP **North Miami Beach, FL 33179**

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:

SIGNATURE REQUIRED

4/11/03

CR2E037 (10/02)