

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043148

1. Entity Name  
CHATEAU ASSOCIATES, INC.

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90234 024 \*\*\*150.00

Principal Place of Business

601 PACKARD COURT  
SAFETY HARBOR FL 34695

Mailing Address

601 PACKARD COURT  
SAFETY HARBOR FL 34695

00161411



DO NOT WRITE IN THIS SPACE

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 65-1003753

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ORLOFF, LOUIS S  
2426 SABER CT.  
CLEARWATER FL FL337-59

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 P  
NAME ORLOFF, LOUIS S  
STREET ADDRESS 601 PACKARD COURT  
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE VP  
NAME ORLOFF, SYLVAN  
STREET ADDRESS 601 PACKARD COURT  
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE ST  
NAME ORLOFF, BRUCE  
STREET ADDRESS 601 PACKARD COURT  
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ 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

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

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

Sylvan Orloff VP SYLVAN ORLOFF 7/1/02 921-799-1500

CR2E034 (4/02)

SNAP-A-GRAM

P00000043148

FROM:

Chateau Associates, Inc.  
601 Packard St.  
Safety Harbor, FL 34695

Attachment

DATE:

7-1-02 B012787

TO:

Division of Corporations  
Uniform Business System Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

ATTENTION OF:

SUBJECT:

Please be advised that this Corporation did not receive prior notice and we request waivers of late fee. We are submitting herewith the Original \$150<sup>00</sup> filing fee.

Very Truly,  
Sylvan O. O'Leary, V.P.

SIGNED

DATE