

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087311

1. Entity Name

ROLLAND & CHATEAU, INC.

Principal Place of Business

Mailing Address

490 LAURENBURG LANE
OCOE FL 34761

490 LAURENBURG LANE
OCOE FL 34761

2. Principal Place of Business

3145 Avalon Road

3. Mailing Address

3145 Avalon Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden FL

Zip

Country

34781 Orange

Zip

Country

34781 Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHON, PIERRE
490 LAURENBURG LANE
OCOE FL 34761

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROCHON, PIERRE
STREET ADDRESS 490 LAURENBURG LANE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

Daytime Phone #

Pierre Rochon March 5/01 352-243-5908
PIERRE ROCHON

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90067 004 ***150.00

D0038997



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)