

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90194 046 \*\*\*150.00

**DOCUMENT # P97000061383**

1. Entity Name  
**GATEHOUSE CORPORATION**



Principal Place of Business  
**898 5TH AVENUE SOUTH  
SUITE 302  
NAPLES FL 34102**

Mailing Address  
**P.O. BOX 34102  
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address  
**229 No Collier BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Marco Island, FL**

Zip

Country

Zip  
**34145**

Country

**USA**

4. FEI Number **59-3483699**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHACHE, SUSANNE  
2304 HARNER RUN  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Stephen R. Ostrow**  
Street Address (P.O. Box Number is Not Acceptable)  
**229 No Collier BLVD**  
City **Marco Island** FL Zip Code **34145**

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

**2/10/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **SCHACHE, HANS J**  
STREET ADDRESS **2304 HARNER RUN**  
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition  
NAME **HANS-DUIMEIER-WO9 12**  
STREET ADDRESS **80339 Munchen, Germany**  
CITY-ST-ZIP

TITLE **VSTD** ☐ Delete  
NAME **SCHACHE, SUSANNE**  
STREET ADDRESS **2304 HARNER RUN**  
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition  
NAME **FRIEDHOFSTRASSE 9A**  
STREET ADDRESS **85609 ASCHEN DORF**  
CITY-ST-ZIP **GERMANY**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03**

Date

Daytime Phone #

CR2E034 (10/02)