

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90815 003 \*\*\*150.00

**DOCUMENT # P98000008231**

1. Entity Name

CHATEAU MANAGEMENT GROUP, INC.



Principal Place of Business  
1211 EAST GADSDEN STREET  
PENSACOLA FL 32501

Mailing Address  
1211 EAST GADSDEN STREET  
PENSACOLA FL 32501

2. Principal Place of Business

1482 E. MACDONALD

3. Mailing Address

1039 HORATIO AVE.

Suite, Apt. #, etc.

Ave.

Suite, Apt. #, etc.

City & State

EUSTIS, FLORIDA

City & State

CORONA, CA.

Zip

32726

Country

LAKE COUNTY

Zip

92882-6151

Country

RIV.

4. FEI Number

59-3488738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZAMORA, TERAZZAH  
6100 ELCTRA LANE SUITE 1  
PENSACOLA FL 32507-81

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. 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

4-25-03

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GORDON, EVA L  
1211 E GADSDEN ST  
PENSACOLA FL 32501 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TERAZZAH, ZAMORA  
6100 ELECTRA LANE STE 1  
PENSACOLA FL 32507 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

EVAN L. GORDON, President 4-25-03 909 2809545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)