

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90209 043 \*\*\*150.00

**DOCUMENT # P99000032415**

1. Entity Name  
**FROSEN RITZ, INC.**



Principal Place of Business  
**SAM SNEAD'S TAVERN**  
**2460 VANDERBILT BEACH RD**  
**NAPLES FL 34109**  
**US**

Mailing Address  
**1815 MISSION RD**  
**NAPLES FL 34109**  
**US**



2. Principal Place of Business

3. Mailing Address  
**3160 Sundance Circle**

Suite, Apt. #, etc.  
**408**

Suite, Apt. #, etc.

City & State

City & State  
**Naples, FL 34109**

4. FEI Number **59-3570683**

Applied For  
Not Applicable

Zip

Country

Zip  
**34109**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LUMSDEN, DENNIS J**  
**6719 WINKLER ROAD STE 121**  
**FT MYERS FL 33919**

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BERLINGER, BRUCE D** ☐ Delete  
**527 BANYAN BLVD**  
**NAPLES FL 34102**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CASSELBERRY, SCOTT C** ☐ Delete  
**1815 MISSION DRIVE**  
**NAPLES FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**3160 Sundance Circle**  
**Naples, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BERLINGER, SUE C** ☐ Delete  
**527 BANYAN BLVD**  
**NAPLES FL 34102**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ 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:

**SCOTT C CASSELBERRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03**  
Date

**239.592.9999**  
Daytime Phone #

CR2E034 (10/02)