

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90093 038 ****61.25

DOCUMENT # N29536

1. Entity Name

FAIRFIELD'S BAY ISLAND COVE, INC

Principal Place of Business

**10036 SAWGRASS DR STE 3
P.O. BOX 1159
PONTEVEDRA BEACH, FL
32082**

Mailing Address

**P.O. BOX 1159
PONTEVEDRA BEACH,
FL 32004-1159**

2. Principal Place of Business
2180 W SR 434

Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD FL

Zip
32779

Country
US

3. Mailing Address

2180 W.SR 434

Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD, FL

Zip
32779

Country
US

4. FEI Number
59-2965064

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0064763

6. Name and Address of Current Registered Agent

**MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR. #3
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name **HART, JAMES W JR**
Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
City **LONGWOOD** **FL** Zip Code **32779-5044**

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

[Handwritten Signature]

4/27/00

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLETT, DOUGLAS	
STREET ADDRESS	107 BAY HILL CT	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAVIELLE, MARTHA	
STREET ADDRESS	128 GLEN COVE PLACE	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, WILLIAM	
STREET ADDRESS	104 BAY HILL CT	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TUNSTALL, WILLIAM	
STREET ADDRESS	115 GLEN COVE PLACE	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PELLETIER, GIGI	
STREET ADDRESS	110 BAY HILL CT	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *William P. Tunstall* William Tunstall 4-25-00 904-285-1526