

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 153536

1. Entity Name

FOUR MILE VILLAGE, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90001 038 ***150.00

Principal Place of Business Mailing Address
401 VILLAGE RD 401 VILLAGE RD
4 MILE VILLAGE SANTA ROSA BEACH FL 32459-3206
SANTA ROSA BEACH FL 32459 US
US

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0638664		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COFEEN, E F 6 MOCKINGBIRD LANE SANTA ROSA BEACH FL 32459				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 _____ (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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTH, RAYMOND C			NAME			
STREET ADDRESS	BOX 207			STREET ADDRESS			
CITY-ST-ZIP	SAUNDERSTOWN RI 02874			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, JAMES			NAME	TUTTA VETTER		
STREET ADDRESS	3604 GENTRY			STREET ADDRESS	4730 BLUEBELL ST		
CITY-ST-ZIP	IRVING TX 75061			CITY-ST-ZIP	BATON ROUGE, LA 70808		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, HUGH			NAME			
STREET ADDRESS	530 S. PETERS ST.			STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LO			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFEEN, EDWIN F			NAME			
STREET ADDRESS	6 HOCKINGBIRD LN			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BCH FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAITEMAN, JAMES			NAME			
STREET ADDRESS	3237 BROOKWOOD RD			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35233			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, SANEFUR			NAME			
STREET ADDRESS	265 TWISTED PINE TRAIL			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			CITY-ST-ZIP			

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: EDWIN F COFEEN 1-18-2000 850 267 1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)