

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 153536

1. Entity Name

FOUR MILE VILLAGE, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90076 014 ***150.00

Principal Place of Business

401 VILLAGE RD
4 MILE VILLAGE
SANTA ROSA BEACH FL 32459
US

Mailing Address

401 VILLAGE RD
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0638664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **GUTH, RAYMOND C**
STREET ADDRESS **BOX 207**
CITY-ST-ZIP **SAUNDERSTOWN RI 02874**

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

TITLE **D** ☐ Delete
NAME **VETTER, TUTTA**
STREET ADDRESS **4730 BLUEBELL ST**
CITY-ST-ZIP **BATON ROUGE LA 70808**

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

TITLE **PD** ☐ Delete
NAME **LAMBERT, HUGH**
STREET ADDRESS **530 S. PETERS ST.**
CITY-ST-ZIP **NEW ORLEANS LO**

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

TITLE **T** ☐ Delete
NAME **COFEEN, EDWIN F**
STREET ADDRESS **6 HOCKINGBIRD LN**
CITY-ST-ZIP **SANTA ROSA BCH FL**

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

TITLE **VD** ☐ Delete
NAME **WAITEMAN, JAMES**
STREET ADDRESS **3237 BROOKWOOD RD**
CITY-ST-ZIP **BIRMINGHAM AL 35233**

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

TITLE **D** ☒ Delete
NAME **CRAWFORD, SANEFUR**
STREET ADDRESS **265 TWISTED PINE TRAIL**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☒ Addition
NAME **D Jones, Walter**
STREET ADDRESS **3075 Howell Mill Rd. NW#2**
CITY-ST-ZIP **Atlanta, GA 30327**

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.

Edwin F. Coffeen

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

(850) 267-1171

Daytime Phone #

CR2E034 (10/00)