

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90093 047 \*\*\*150.00

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**DOCUMENT # 153536**

1. Entity Name

**FOUR MILE VILLAGE, INC.**

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

4. FEI Number

**59-0638664**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**1-14-02**

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, 2002 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 ☐ Delete  
NAME **S**  
STREET ADDRESS **GUTH, RAYMOND C**  
CITY-ST-ZIP **BOX 207  
SAUNDERSTOWN RI 02874**

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

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

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Wright, Sandy**  
CITY-ST-ZIP **100 Scenic Hwy # 26  
Lookout Mtn., TN 37350**

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

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Marice, Mary**  
CITY-ST-ZIP **108 Stella St.  
Metairie, LA 70005**

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

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Wells, David**  
CITY-ST-ZIP **12132 Polo Drive # 402  
Fairfax, VA 22033-4023**

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

TITLE ☐ Change ☒ Addition  
NAME **Soffeen, Ch**  
STREET ADDRESS **Coffeen, Charlotte**  
CITY-ST-ZIP **6 Mockingbird Ln.  
Santa Rosa Beach, FL 32459**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **JONES, WALTER**  
CITY-ST-ZIP **3075 HOWELL MILL RD NW # 2  
ATLANTA GA 30327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-14-02 (850) 267-1171**

CP2E034 (9/01)