

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90171 026 ***150.00

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

Zip

Country

Zip

Country

4. FEI Number **59-0638664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUTH, RAYMOND C	
STREET ADDRESS	BOX 207	
CITY-ST-ZIP	SAUNDERSTOWN RI 02874	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VETTER, TUTTA	
STREET ADDRESS	4730 BLUEBELL ST	
CITY-ST-ZIP	BATON ROUGE LA 70808	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, WALTER	
STREET ADDRESS	3075 HOWELL MILL RD #2	
CITY-ST-ZIP	NEW ORLEANS LO	
TITLE	T	<input type="checkbox"/> Delete
NAME	COFFEEN, EDWIN F	
STREET ADDRESS	6 HOCKINGBIRD LN	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WAITMAN, JAMES	
STREET ADDRESS	3237 BROOKWOOD RD	
CITY-ST-ZIP	BIRMINGHAM AL 35233	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, SANDY	
STREET ADDRESS	100 SCENIC HWY # 26	
CITY-ST-ZIP	LOOKOUT MOUNTAIN TN 37350	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VETTER, CYRIL	
STREET ADDRESS	4730 BLUEBELL STREET	
CITY-ST-ZIP	BATON ROUGE, LA 70808	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JOSEPH	
STREET ADDRESS	3526 MAPLE PARK DRIVE	
CITY-ST-ZIP	KINGWOOD, TX 77339	
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 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: *SIGNATURE OF REGISTERED AGENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-03 (850) 267-1171

CR2E034 (10/02)