

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579286

1. Entity Name

BILL PETERSON SKI SCHOOL, INC.

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

04-23-2001 90113 009 ***150.00

Principal Place of Business

2214 WHALER WAY
P. O. BOX 835
WINDERMERE FL 34786-7835

Mailing Address

2214 WHALER WAY
P. O. BOX 835
WINDERMERE FL 34786-7835

C0050392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Windermere, Florida

4. FEI Number 59-1894110

Applied For

Not Applicable

Zip

Country

Zip

Country

34786

Orange

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

PETERSON, WILLIAM SEATON
2214 WHALER WAY
WINDERMERE FL 34786-7835

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 PD
NAME PETERSON, WILLIAM SEATON
STREET ADDRESS 2214 WHALER WAY
CITY-ST-ZIP WINDERMERE FL ☐ Delete

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

TITLE SV
NAME PETERSON, BARBARA P
STREET ADDRESS 2214 WHALER WAY
CITY-ST-ZIP WINDERMERE FL ☐ Delete

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

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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: *William Peterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2001 407-876-5966
Date Daytime Phone #

CR2E034 (10/00)