# 2000 UNIFORM BUSINESS REPORT (UBR)

5/15

**FILED**
**Jun 21, 2000 8:00 am**
**Secretary of State**
05-15-2000 90261 029 ***150.00

DOCUMENT # 670764

1. Entity Name

FOUR WINDS ASSOCIATES, INC.

R

| Principal Place of Business | Mailing Address |
|---|---|
| 1601 KEN THOMPSON PKWY<br>C/O EUGENE M. WHIPP<br>SARASOTA FL 34236 | 2005 N TAMIAMI TR<br>C/O EUGENE M. WHIPP<br>SARASOTA FL 34234-6342<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1601 KEN THOMPSON PKWY | 1601 KEN THOMPSON PKWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| --- | --- |
| City & State: ~~SARASOTA FL~~ | City & State: ~~SARASOTA FL~~ |
| Zip: 34236-1005 Country: US | Zip: 34236-1005 Country: US |

4. FEI Number 59-1998557 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBERTSON, WILLIAM E. J
720 S. ORANGE AVENUE
SARASOTA FL 34236

**7. Name and Address of New Registered Agent**

Name: SMITH, PETER

Street Address (P.O. Box Number is Not Acceptable): 1601 KEN THOMPSON PKWY

City: SARASOTA **FL** Zip Code: 34236-1005

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: Peter Smith, Chairman 6/7/00
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WHIPP, EUGENE M<br>1601 KEN THOMPSON PKWY<br>SARASOTA FL 34236 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>WHIPP, NORMA C<br>1601 KEN THOMPSON PKWY<br>SARASOTA FL 34236 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/S/T | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GUTSHALL, LAU F<br>1601 KEN THOMPSON PKWY<br>SARASOTA FL 34236-1005 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SMITH, PETER<br>1601 KEN THOMPSON PKWY<br>SARASOTA FL 34236-1005 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT (Assistant Treasurer)<br>SAVAGE, MARCIA<br>1601 KEN THOMPSON PKWY<br>SARASOTA FL 34236-1005 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** 4/27/00 941 388 4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #