

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816493

1. Entity Name

WINTER COLONY INC

Principal Place of Business

Mailing Address

4300 EL MAR DRIVE  
APT. #1  
LAUDERDALE BY THE SEA FL 33308

4300 EL MAR DRIVE  
APT. #1  
LAUDERDALE BY THE SEA FLA 33308-5062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90015 041 \*\*\*150.00

00000460



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0808224

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

HOMESTON, SUSAN  
4300 EL MAR DR #1  
LAUDERDALE BY SEA  
FT. LAUDERDALE FL 33308

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MC'NABB, JAMES	
STREET ADDRESS	430 EL MAR DRIVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLAN O'DELL	
STREET ADDRESS	4300 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GAVIN JOHN	
STREET ADDRESS	4300 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLYDE, RONALD	
STREET ADDRESS	4300 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE SEA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	4300 EL MAR DR.	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HUMESTON, SUSAN	
STREET ADDRESS	4300 EL MAR DR APT 24	
CITY-ST-ZIP	LAUDERDALE SEA FL 33308	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN O'DELL	
STREET ADDRESS	4300 EL MAR DR.	
CITY-ST-ZIP	LAUDERDALE BY SEA, FL	
TITLE	SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHY ROTH	
STREET ADDRESS	4300 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY SEA, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN GAVIN	
STREET ADDRESS	4300 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY SEA, FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN HUMESTON	
STREET ADDRESS	4300 EL MAR DRIVE	
CITY-ST-ZIP	LAUDERDALE BY SEA, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BROWN	
STREET ADDRESS	4300 EL MAR DR.	
CITY-ST-ZIP	LAUDERDALE BY SEA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

SUSAN HUMESTON 1/3/2000 954-491-5261