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FILED

Jan 07, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # 816493 **Secretary of State** 1. Entity Name 01-07-2002 90009 019 ***158.75 WINTER COLONY INC Mailing Address Principal Place of Business 4300 EL MAR DRIVE 4300 EL MAR DRIVE APT. #1 APT. #1 LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-0808224 Not Applicable Country \$8.75 Additional 5.-Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOMESTON, SUSAN Street Address (P.O. Box Number is Not Acceptable) 4300 EL MAR DR #1 LAUDERDALE BY SEA FT. LAUDERDALE FL 33308 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change O'DELL, ALLEN 4300 EL MAR DRIVE NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROTH, KATHY NAME STREET ADDRESS 4300 EL MAR DR STREET ADDRESS LAUDERDALE BY THE SEA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME GAVIN, JOHN NAME 4300 EL MAR DR STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUMESTON, SUSAN 4300 EL MAR DR STREET ADDRESS STREET ADDRESS LAUDERDALE SEA FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROWN, ROBERT** NAME NAME 4300 EL MAR DR. STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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