

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90056 046 ***150.00

DOCUMENT # 816493

1. Entity Name
WINTER COLONY INC



Principal Place of Business
**4300 EL MAR DRIVE
APT. #1
LAUDERDALE BY THE SEA FL 33308**

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

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 **59-0808224**

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. I am familiar with, and accept the obligations of registered agent.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'DELL, ALLEN	
STREET ADDRESS	4300 EL MAR DRIVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROTH, KATHY	
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 type="checkbox"/> Delete
NAME	HUMESTON, SUSAN	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Susan Humeston Jan 4, 2003 954-491-5261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)