

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73307

1. Entity Name

FOUR SEASONS OF GAINESVILLE, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90113 032 \*\*\*550.00

Principal Place of Business

Mailing Address

5215 SW 91 TERR  
GAINESVILLE FL 32608  
US

5215 SW 91 TERR  
GAINESVILLE FL 32608-7125  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2193654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLOUNT, PATRICIA M.  
4437 SW 91ST DRIVE  
GAINESVILLE FL 32608

Name

Thibault Cynthia

Street Address (P.O. Box Number is Not Acceptable)

4326 SW 94 DR

City

Gainesville

FL

Zip Code

32608

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

Patricia M. Blount

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/2/00

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 PSD  
NAME BLOUNT, PATRICIA M.  
STREET ADDRESS 4437 SW 91 DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ Delete

TITLE  
NAME mike Thibault PSD ☐ Change ☒ Addition  
STREET ADDRESS 4326 SW 94 DR  
CITY-ST-ZIP Gainesville FL 32608

TITLE S  
NAME THIBAUT, CYNTHIA  
STREET ADDRESS 4326 SW 94 DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE VP  
NAME Thibault, Cynthia  
STREET ADDRESS 4326 SW 94 DR  
CITY-ST-ZIP Gainesville FL 32608 ☒ Change ☐ Addition

TITLE ~~Patricia M. Blount~~  
NAME ~~Patricia M. Blount~~  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

Cynthia Thibault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

DATE

Daytime Phone #

CR2E034 (9/99)