

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000004993**

1. Entity Name

SEASONS FOUR, INC. OF MARYLAND

Principal Place of Business

**5114 TWIN CREEKS DR
VALRICO FL 33594**

Mailing Address

**5114 TWIN CREEKS DR
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, JAY M
5114 TWIN CREEKS DR
VALRICO FL 33594**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	JONES, JAY M	
STREET ADDRESS	5114 TWIN CREEKS DR	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, JUNE M	
STREET ADDRESS	5114 TWIN CREEKS DR	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL C	
STREET ADDRESS	1529 SAPPINGTON DR	
CITY-ST-ZIP	GAMBRILLS MD 21054	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MICHAEL C	
STREET ADDRESS	8518 CYPRESS HOLLOW DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34238	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, STEVEN L	
STREET ADDRESS	1051 SILVER BELL ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STEVEN L	
STREET ADDRESS	1320 N. HARPER AVE. UNIT 112	
CITY-ST-ZIP	LOS ANGELES, CA 90046	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jay M. Jones***JAY M. JONES**

President

4/17/01

654-6566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-0673054**

Applied For

Not Applicable

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

CR2E034 (10/00)