

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G01464

1. Entity Name

THREE SEASONS CORPORATION

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90057 001 *1,472.50

Principal Place of Business

8014 SW 135TH ST RD
OCALA FL 34473
US

Mailing Address

8014 SW 135TH ST RD
STE 700
OCALA FL 34473-6807
US

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

59-2222680

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

HUMMERHIELM, SHARON J
999 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

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
NAME GRAM, ANTONY
STREET ADDRESS 999 BRICKELL AVE STE 700
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS 8014 SW 135 ST RD
CITY-ST-ZIP Ocala FL 34473 ☒ Change ☐ Addition

TITLE SD
NAME HUMMERHIELM, SHARON
STREET ADDRESS 999 BRICKELL AVENUE STE 700
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP/S/D
NAME
STREET ADDRESS
CITY-ST-ZIP 33131 ☒ Change ☐ Addition

TITLE TD
NAME MCNELLEY, DONALD
STREET ADDRESS 8014 SW 135TH ST.RD.
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 34473 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE AS
NAME BETH SMITH
STREET ADDRESS 8014 SW 135 ST RD
CITY-ST-ZIP Ocala, FL 34473 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON HUMMERHIELM
VP/S/D

4/11/00

Date

305-579-0999 x25

Daytime Phone #

CR2E034 (9/99)