

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002140

1. Entity Name
FOUR CORNERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 1 AM 10:56

Principal Place of Business
12222 HIGHWAY 27 NORTH
DAVENPORT FL 33837

Mailing Address
215 NORTH EOLA DRIVE
ORLANDO FL 32801-2028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3537002

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOROVITZ, AARON J
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
INSITE DEVELOPERS, INC.
12222 HIGHWAY 27 NORTH
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
mf 3/14/00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200003173492-2
-03/17/00--01013--014
*****50.00 *****50.00

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David Bornstein
David Bornstein, Manager

2/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809
ORLANDO, FLORIDA 32802

TELEPHONE: 407-843-4600
FAX: 407-423-4495

GAIL S. ANDRE
DIRECT DIAL: (407) 418-6203
DIRECT FAX: (407) 843-4444
E-MAIL: andregs@lowndes-law.com

February 23, 2000

**CERTIFIED MAIL Z 305 056 885
RETURN RECEIPT REQUESTED**

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2000 Uniform Business Report

Dear Madam or Sir:

Enclosed is the 2000 Uniform Business Report for the corporation listed below, together with a check from our client in the amount of \$50.00 payable to the Department of State representing the filing fee:

FOUR CORNERS, LLC

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. Andre'
Legal Assistant to
Aaron J. Gorovitz

GSA
Enclosures
038287/73548/325211

C: Mr. David Bornstein (w/enclosures)