

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007038

1. Entity Name

FOUR SEASONS PROCESSING HOLDINGS, LLC

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90037 002 ****50.00

0017805

Principal Place of Business 400 NORTH TAMPA STREET 17TH FL TAMPA FL 33601	Mailing Address 400 NORTH TAMPA STREET 17TH FL TAMPA FL 33601
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3604502	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L
ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BLVD
TAMPA FL 33602-5709**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEISER, ROBERT A 326 LAKEWOOD DRIVE BLOOMFIELD HILLS MI 48304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEGREENE, DAVID 230 BRIGHAM ROAD WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORBERG, ROBERT 1251 PRISTINE PLACE LUTZ FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	831 NORMANDY TRACE ROAD TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A. Peiser **SIGNATURE REQUIRED** A PEISER, MANAGER

1/9/2002 877 595 3727

CR2E083 (9/01)

Attachment
910834

Four Seasons Processing Holdings, LLC **Federal Identification #**
400 North Tampa Street **59-3604502**
Tampa FL 33602

Date of Incorporation
October 26, 1999

Document # L99000007038
Telephone # 813-273-4641
Fax # 813-273-5380

State of Incorporation
Florida

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
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OFFICERS

CEO	ROBERT A PEISER	831 Normandy Trace Road, Tampa, FL 33602
P COO	LAWRENCE HIGGINS	758 West Inverness Drive, West Chester, PA 19380
VP & CFO	GARY VILJOEN	13060 Sancturary Cove Dr., Temple Terrace FL 33637
VP HR	LOUIS J BOUISSON	5521 Pinnacle Heights Circle, Tampa FL 33624
VP CAO Treasurer	KIMBERLY JOHNSON	4514 Ferncroft Circle, Tampa FL 33629
Secretary	RHIANNON KUBICKA	29 Avenue B, New York NY 10009

MANAGERS

ROBERT A PEISER	831 Normandy Trace Road, Tampa, FL 33602
ROBERT NORBERG	1251 Pristine Place, Lutz 33549