

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90009 009 \*\*\*\*61.25

**DOCUMENT # N24463**

1. Entity Name

**FAIRFIELD'S BAY HILL COVE, INC.**

Principal Place of Business <b>10036 SAWGRASS DR. STE 3 P.O. BOX 1159 PONTE VEDRA BEACH, FL 32004</b>	Mailing Address <b>10036 SAWGRASS DR. SUITE 3 PONTE VEDRA BEACH, FL 32004-1159</b>
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**00057327**

2. Principal Place of Business <b>2180 W SR 434 Suite, Apt. #, etc. STE 5000 City &amp; State LONGWOOD, FL Zip 32279</b>	Country <b>US</b>	3. Mailing Address <b>2180 W SR 434 Suite, Apt. #, etc. STE 5000 City &amp; State LONGWOOD, FL Zip 32779</b>	Country <b>US</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2965061</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNCH, DONALD J.  
FOUR SEASONS PROPERTIES  
10036 SAWGRASS DR. SUITE 3  
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name <b>HART, JAMES W JR</b>
Street Address (P.O. Box Number is Not Acceptable) <b>SENTRY MANAGEMENT INC</b>
<b>2180 W SR 434 STE 5000</b>
City <b>LONGWOOD</b>
State <b>FL</b>
Zip Code <b>32779-5044</b>

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

*5/2/00*

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EISENSTAEDT, MARGARET 101 BAY HILL COVE PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRISBY, JOHN S. 103 BAY HILL COVE PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST RDCLIFFE, JAMES 105 BAY HILL CT PONTE VEDRA BEACH, FL 32082</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RADCLIFFE, JAMES 105 BAY HILL COVE PONTE VEDRA BEACH, FL 32082</b>	<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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Eisenstaedt* Margaret Eisenstaedt 4/29/00 904-285-157