

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24463

1. Entity Name

FAIRFIELD'S BAY HILL COVE, INC.

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

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

00057327

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
2180 W SR 434 2180 W SR 434
Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 5000 STE 5000
City & State City & State
LONGWOOD, FL LONGWOOD, FL
Zip Country Zip Country
32279 US 32779 US

4. FEI Number 59-2965061 Applied For Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 4/28/00 904-285-157