

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074411

1. Entity Name

FOUR SEASONS PR, INCORPORATED

Principal Place of Business

13016 PLANTATION PARK CIRCLE  
SUITE 11111  
ORLANDO FL 32821

Mailing Address

13016 PLANTATION PARK CIRCLE  
SUITE 11111  
ORLANDO FL 32821

2. Principal Place of Business

NEUL (13025 MULBERRY PARK DR #318)  
ORLANDO FL 32821  
13025 MULBERRY PARK DR.  
Suite, Apt. #, etc.  
318

3. Mailing Address

13025 MULBERRY PARK DR.  
Suite, Apt. #, etc.  
SUITE 318

City & State

ORLANDO

City & State

ORLANDO, FL

4. FEI Number

59-3459844

Applied For

Not Applicable

Zip

32821

Country

ORANGE

Zip

32821

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, D. W.  
13016 PLANTATION PARK CIRCLE  
SUITE 11111  
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name R. WAYNE WALKER  
13025 MULBERRY PARK DR.  
SUITE 318  
City ORLANDO FL 32821

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)

4.30.01

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	WALKER, ROGER W	
STREET ADDRESS	13016 PLANTATION PARK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, PATRICIA A	
STREET ADDRESS	13016 PLANTATION PARK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BENAPOU, LORELIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	280 E. ASHURST DRIVE	
STREET ADDRESS	PHOENIX AZ 85048	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREMORE, PAMELA	
STREET ADDRESS	809 RIDGELAND	
CITY-ST-ZIP	FOX RIVER GROVE, ILL. 60021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISACK, DENNIS	
STREET ADDRESS	1208 SO. 1ST STREET	
CITY-ST-ZIP	LOUISVILLE, KY 40203	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOULTON, CLAUDE R.	
STREET ADDRESS	5532 NORTHWEST 43RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, PATRICIA A.	
STREET ADDRESS	13025 MULBERRY PARK DR #318	
CITY-ST-ZIP	ORLANDO, FL 32821	

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:

Patricia A. Walker

4.30.01 (407-827-7390)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)