

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90105 020 ***150.00

DOCUMENT # P00000116611

1. Entity Name
FOUR CORNERS REALTY, INC.



Principal Place of Business
14465 VISTA DEL LAGO
WINTER GARDEN FL 34787

Mailing Address
1115 EAST LIVINGSTON STREET
ORLANDO FL 32803



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Mem. 8687 W. Idol Bronson Hwy *Mem.* 8687 W. Idol Bronson Hwy

City & State

City & State

9:00 Kissimmee, Florida *9:00* Kissimmee, Florida

Zip

Country

Zip

Country

34747 *Orange* *34747* *Orange*

4. FEI Number **59-3686350**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASON, ROBERT F JR PA
501 EAST FIFTH AVENUE
MOUNT DORA FL 32756

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ **Delete**
NAME **LEARY, WILLIAM N**
STREET ADDRESS **1115 EAST LIVINGSTON STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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 607, 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:

SIGNATURE REQUIRED *William N. Leary* *3/27/03* *(407) 597-3100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)