

FROM : RICHARD DANLEY ACCOUNTING

FAX NO. : 407 892 3329

Mar. 17 2003 02:15PM P2

02103

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 20 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085135

1. Entity Name

4 CORNERS VACATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15714 AUTUMN GLEN AVE

3. Mailing Address

15714 AUTUMN GLEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

010655974

Applied Tax

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RICHARD BURKE

Street Address (P.O. Box Number is Not Acceptable)

15714 AUTUMN GLEN AVE

City

CLERMONT

FL

Zip Code
34711

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 date of application.

(If this registered agent signature is required, please attach)

(Date)

9. This corporation is eligible to submit as intangible
tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	RICHARD BURKE
STREET ADDRESS	15714 AUTUMN GLEN AVE
CITY, ST, ZIP	CLERMONT, FL 34711

TITLE	DIRECTOR
NAME	MARGARET BURKE
STREET ADDRESS	15714 AUTUMN GLEN AVE
CITY, ST, ZIP	CLERMONT, FL 34711

TITLE	
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CITY, ST, ZIP	

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CITY, ST, ZIP	

DO NOT WRITE
IN THIS SPACE

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(6), Florida Statutes. I further certify that the information in 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 on an address, with all other like information.

[Signature]
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 18, 2003

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1 CR2034B (12/01)

To whom it may concern,

It has just been brought to our attention that our corporation has been shut down. We have never received a notice and we have moved locations. This may have been a result of not receiving any paperwork. We would like to have it renewed and brought back up to speed. Can you please assist us in this and if you have any question please contact us at 352 267 7349. Thank you for your time.

Richard Burke