

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 020 ***150.00

DOCUMENT # P01000108993

1. Entity Name
FOUR SEASONS HOUSING CORP.



Principal Place of Business
**555 S OLD WOODWARD #1508
BIRMINGHAM MI 48009**

Mailing Address
**555 S OLD WOODWARD #1508
BIRMINGHAM MI 48009**



2. Principal Place of Business
555 S. Old Woodward, Ave.

3. Mailing Address
555 S. Old Woodward, Ave.

Suite, Apt. #, etc.
Suite 1209

Suite, Apt. #, etc.
Suite 1209

City & State
Birmingham, MI

City & State
Birmingham, MI

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0602823**

Applied For
☐ Not Applicable

Zip
48009

Country
USA

Zip
48009

Country
USA

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

6. Name and Address of Current Registered Agent
**MURPHY, YVETTE G ESQ
3250 MARY STREET STE 302
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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: Signature of Agent is required when installing) 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 NAME STREET ADDRESS CITY- ST- ZIP	PD MCDANIEL, JACKSON 555 S OLD WOODWARD #1508 BIRMINGHAM MI 48009 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D/T MCDANIEL, JACKSON 555 S. OLD WOODWARD, SUITE 1209 BIRMINGHAM, MI 48009 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/S BENSON, GREGORY J 555 S OLD WOODWARD, SUITE 1209 BIRMINGHAM, MI 48009 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 reports 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: **JACKSON MCDANIEL** *Jackson MCDANIEL* **PRES** **01/27/03** **248 593 0778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone