2004-UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # P93000002293** FOUR SEASONS PROPERTIES, INC. 04-12-2001 90063 020 ***150.00 Principal Place of Business Mailing Address 10036 SAWGRASS DRIVE P. O. BOX-1159~ C0046131 SUITE 3 -GUITE-9---PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004 2. Principal Place of Business 3. Mailing Address P. O. Box 1233 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3159150 Ponte Vedra Beach Not Applicable Country \$8.75 Additional ^zi32004-1233 5. Certificate of Status Desired Johns St. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - ---Name DONALD, MUNCH Street Address (P.O. Box Number is Not Acceptable) 10036 SAWGRESS DRIVE #3 PONTE VEDRA BEACH FL 32082 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Delete TITLE ☐ Addition TITLE MUNCH, DONALD J NAME NAME 10036 SAWGRASS DR., SUITE 3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP A Change TITLE ☐ Delete TITLE ☐ Addition Holly Munch HAMERSKI, STANLEY J. NAME NAME 151 Water Oak Drive 7668-SOUTH-SHORE-DR STREET ADDRESS STREET ADDRESS CHANHASSEN-MN-55317 CITY-ST-ZIP CITY-ST-ZIP Ponte Vedra Beach, EL 32082-3040 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Donald Munch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/7/01

Daytime Phone #