

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075802

1. Entity Name

BEE FOUR, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90051 020 \*\*\*150.00

Principal Place of Business

7321 HEMLOCK LANE  
SARASOTA FL 34241

Mailing Address

7321 HEMLOCK LANE  
SARASOTA FL 34241-6408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0695608

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

BERTEAU, JOHN T  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, MILLIE A	
STREET ADDRESS	7321 HEMLOCK LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SCOTT, JOHN R	
STREET ADDRESS	7321 HEMLOCK LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SCOTT, KIMBERLY L	
STREET ADDRESS	4873 ASHTON RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STRUNK, REBECCA E	
STREET ADDRESS	2081 OLD PINE WAY	
CITY-ST-ZIP	SARASOTA FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MILLIE A. SCOTT* MILLIE A. SCOTT

Date

Daytime Phone #

4/29/00 (941) 923-8018

CR2E034 (9/99)