

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079059

1. Entity Name

SEASONS INTERNATIONAL, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90183 016 ***150.00

Principal Place of Business

Mailing Address

~~3000 LAKE SHORE DR~~
~~DEERFIELD BEACH FL 33442~~

~~3000 LAKE SHORE DR~~
~~DEERFIELD BEACH FL 33442-8606~~

624 LAKE POINT NORTH LN
DEERFIELD BEACH FL 33442

624 LAKE POINT NORTH
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 02-0444751

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRICKSON, E. LYNN
~~3000 LAKE SHORE DR~~
DEERFIELD BEACH FL 33442

624 Lake Point N.
Lane

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 V
NAME GOODWIN, TIMOTHY
STREET ADDRESS STE 2B, 2040 W. MAIN
CITY-ST-ZIP RAPID CITY SD 57702 ☐ Delete

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

TITLE S
NAME BROCKI, DEBORAH
STREET ADDRESS 12907 LEE SIDE CT
CITY-ST-ZIP FAIRFAX VA 22033 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: x ELYNN HENDRICKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20 (254) 571-1979

Date

Daytime Phone #

CR2E034 (9/99)