

2002 UNIFORM BUSINESS REPORT (UBR)

0048000
SP

DOCUMENT # P98000079059

1. Entity Name
SEASONS INTERNATIONAL, INC.

FILED

02 APR 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**624 NORTH LAKE POINT LANE
DEERFIELD BEACH FL 33442**

Mailing Address
**624 NORTH LAKE POINT LANE
DEERFIELD BEACH FL 33442**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0444751**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HENDRICKSON, E. LYNN
624 N. LAKE POINT LANE
DEERFIELD BEACH FL 33442**

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.

SIGNATURE *E. Lynn Hendrickson*
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODWIN, TIMOTHY STE 2B, 2040 W. MAIN RAPID CITY SD 57702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELTMAN, JOHN C 3134 NE 9TH ST FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

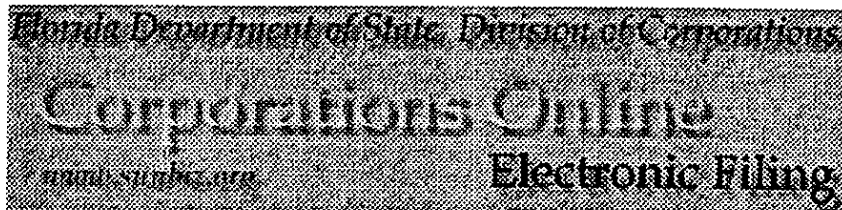
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANDICH, JUDI 3567 W. Hillsboro Blvd Deerfield Beach, FL 33442 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *E. Lynn Hendrickson* **3/31/2002** **954/571-1979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

**Online Payment System****Please Confirm Billing Information****Transaction Amount: \$150.00**

Email Address: Bonefishgal@aol.com
Billing Name: E LYNN HENDRICKSON
Billing Address: 624 LAKE POINT NORTH LANE
Billing City: DEERFIELD BEACH
Billing State: FL
Billing Zip: 33442-
Billing Phone Number: 9545711979

Payment Method: Visa
Credit Card Number: 4190004340109812
Credit Card Expiration Date: 02/2004

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

[Back](#)[Pay Now](#)

DEAR WHOM IT MAY CONCERN:

I HAD DIFFICULTY IN THE ELECTRONIC PAYMENT - THUS, I AM ENCLOSED MY CHECK IF PAYMENT WON'T GO THRU.

IF IT WOULD - PLEASE CREDIT THE OVER PAYMENT.

THANK YOU