

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-07-2003 91037 021 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079059

1. Entity Name
SEASONS INTERNATIONAL, INC.

Principal Place of Business
624 NORTH LAKE DRIVE
DEERFIELD BEACH, FL 33442

Mailing Address
624 NORTH LAKE DRIVE
DEERFIELD BEACH, FL 33442

Principal Place of Business
1007 N. Federal Hwy
Suite, Apt. #, etc.
#6

Mailing Address
1007 N. Federal Hwy
Suite, Apt. #, etc.
#6

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33304

Zip
33304

Country
U.S.

Country
U.S.

6. Name and Address of Current Registered Agent
HENDRICKSON, E. LYNN
624 NORTH LAKE DRIVE
DEERFIELD BEACH, FL 33442
1007 N. Federal Highway
#6, Fort Lauderdale, FL

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 registration.

SIGNATURE: *E. Lynn Hendrickson* DATE: 3/26/2003

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE	STANDICH, JUDI ☒ Delete
NAME	3567 W HILLSBORO BLVD
STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP	
TITLE	FELTMAN, JOHN C ☒ Delete
NAME	3134 NE 9TH ST
STREET ADDRESS	FORT LAUDERDALE, FL 33304
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Timothy Goodwin ☐ Change ☒ Addition
NAME	9th 2nd 2040 W. Main
STREET ADDRESS	Rapid City, SD 57702
CITY-ST-ZIP	
TITLE	Deborah Brocki ☐ Change ☒ Addition
NAME	2334 Baronsmede Court
STREET ADDRESS	Winter Garden, FL
CITY-ST-ZIP	34787
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 170.07(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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other persons empowered.

SIGNATURE: *E. Lynn Hendrickson* DATE: 3/31/2003

55030320



☐ CHECK HERE IF MAKING CHANGES

4. FEI NUMBER 02-6444751 Applied For Not Applicable

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

Title: V

Title: S

CIRE004 (10/02)