

2/2/14

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000052737**

1. Entity Name

**FOUR SEASONS OUTFITTERS, INC.****FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90019 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1373 NO. KILLIAN DR.  
LAKE PARK FL 334031373 NO. KILLIAN DR.  
LAKE PARK FL 33403-1903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0945469

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

SAYRE, NORMAN  
1373 NO. KILLIAN DR.  
LAKE PARK FL 33403Name  
SHELLEY SAYREStreet Address (P.O. Box Number is Not Acceptable)  
1373 N. KILLIAN DRIVECity  
LAKE PARK

FL

Zip Code  
33403

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 relocating)

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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
SAYRE, SHELLEY  
12737 189TH COURT NORTH  
JUPITER FL 33478☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
SAYRE, NORMAN  
12737 189TH COURT NORTH  
JUPITER FL 33478☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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

Date

Daytime Phone #

(561)  
 SIGNATURE: *Shelley N. Sayre* DATE: 5-16-00  
*Shelley N. Sayre*, PRESIDENT 5-16-00  
 848-6227

CR2E034 (9/99)