

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90017 041 \*\*\*150.00

**DOCUMENT # 454595**

1. Entity Name  
**SUNNILAND BANK**

Principal Place of Business  
**424 WEST SUNRISE BLVD.**  
**FT. LAUDERDALE FL 33311-6211**

Mailing Address  
**424 WEST SUNRISE BLVD.**  
**FT. LAUDERDALE FL 33311-6211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1548423**

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

Name and Address of New Registered Agent

~~GIORDANO, VINCENT~~  
~~424 W. SUNRISE BLVD.~~  
~~FORT LAUDERDALE FL 33311~~

**MARVIN N. BLITZ**  
**424 W. SUNRISE BLVD**  
**FORT LAUDERDALE, FL**  
**33311**

Name **MARVIN N. BLITZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**424 W SUNRISE BLVD**

City **FT LAUDERDALE, FL** Zip Code **33311**

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 **MARVIN N. BLITZ**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-5-2001**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC**  Delete  
 NAME **LATHAM, RICHARD M**  
 STREET ADDRESS **424 W SUNRISE BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **PRES-CEO-DIR.**  Change  Addition  
 NAME **MARVIN N. BLITZ**  
 STREET ADDRESS **11166 STONYBROOK LANE**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **DP**  Delete  
 NAME **GIORDANO, VINCENT**  
 STREET ADDRESS **4844 SE PILOT WAY**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **DIR.**  Change  Addition  
 NAME **E. ANDRES GARCIA**  
 STREET ADDRESS **825 MEDINA AV.**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**  Delete  
 NAME **LIEBIG, RANDALL**  
 STREET ADDRESS **4411 NE 17TH AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **DIR.**  Change  Addition  
 NAME **REV ERNEST JOHNSON**  
 STREET ADDRESS **2898 NW 9TH ST**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **D**  Delete  
 NAME **STEPHENS, CATHERINE**  
 STREET ADDRESS **1001 SE 6TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **DIR.**  Change  Addition  
 NAME **DR. BARRY KAPLOWITZ, M.D.**  
 STREET ADDRESS **2110 BISCAYNE BLVD #304**  
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33180**

TITLE **D**  Delete  
 NAME **BRITT, DUNCAN**  
 STREET ADDRESS **10127 N.W. 70TH STREET**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MORRELL, STEPHEN**  
 STREET ADDRESS **259 NW 90TH AVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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: **MARVIN N. BLITZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-2001** **954 764-8300**  
 Date Daytime Phone #

CRZE034 (9/01)