

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-1548423** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent
~~GIORDANO, VINCENT~~
~~424 W. SUNRISE BLVD.~~
~~FORT LAUDERDALE FL 33311~~
MARVIN N. BLITZ
424 W. SUNRISE BLD
FORT LAUDERDALE, FL
33311

Name and Address of New Registered Agent
 Name **MARVIN N. BLITZ**
 Street Address (P.O. Box Number is Not Acceptable)
424 W SUNRISE BLVD
 City **FT LAUDERDALE, FL** **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** DATE **1-5-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DC	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, RICHARD M	
STREET ADDRESS	424 W SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GIORDANO, VINCENT	
STREET ADDRESS	4844 SE PILOT WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBIG, RANDALL	
STREET ADDRESS	4411 NE 17TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, CATHERINE	
STREET ADDRESS	1001 SE 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITT, DUNCAN	
STREET ADDRESS	10127 N.W. 70TH STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRELL, STEPHEN	
STREET ADDRESS	259 NW 90TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES-CEO-DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN N. BLITZ	
STREET ADDRESS	11166 STONYBROOK LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. ANDRES GARCIA	
STREET ADDRESS	825 MEDINA AV.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV ERNEST JOHNSON	
STREET ADDRESS	2898 NW 9th ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. BARRY KAPLOWITZ, M.D.	
STREET ADDRESS	21110 BISCAYNE BLVD #304	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** Date **1-5-2001** Daytime Phone # **954 764-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OPTIONAL

CRZE034 (9/01)