

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707412

1. Entity Name

SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES A

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90078 008 ****61.25

Principal Place of Business

Mailing Address

378 WHOOPING LOOP
 STE 1202
 ALTAMONTE SPGS. FL 32701
 US

378 WHOOPING LOOP
 STE 1202
 ALTAMONTE SPGS. FL 32701-3442
 US

2. Principal Place of Business

3. Mailing Address

378 Center Pointe Circle
 Suite 1202

378 Center Pointe Circle
 Suite 1202

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip

Country

Zip

Country

32701

USA

32701

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6163402

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

FARBER, BARRY
 378 WHOOPING LOOP
 STE 1202
 ALTAMONTE SPGS. FL 32701

Name

Barry Farber

Street Address (P.O. Box Number is Not Acceptable)

378 Center Pointe Circle #1202

City

Altamonte Springs

FL

Zip Code

32701

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

Barry Farber (B) Barry Farber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/00

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, JOHNSON J	
STREET ADDRESS	4105 COX RD	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ALLEN J	
STREET ADDRESS	4105 COX RD.	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYTON, KREBS	
STREET ADDRESS	499 STATE RD. 434, STE. 2151	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARBER, BARRY	
STREET ADDRESS	378 WHOOPING LOOP, STE 1202	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDRICKSON, DEON	
STREET ADDRESS	151 WYMORE RD, STE 150	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYTON, KREBS	
STREET ADDRESS	499 St Rd 434 Ste 2151	
CITY-ST-ZIP	Altamonte Spgs, FL	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farber, Barry	
STREET ADDRESS	378 Center Pointe Circle Ste 1202	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendrickson, Deon	
STREET ADDRESS	151 Wymore Rd Ste 150	
CITY-ST-ZIP	Altamonte Springs, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack, Francis	
STREET ADDRESS	30 Bourne Circle	
CITY-ST-ZIP	Palm Harbor, FL	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Barry Farber REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 (407) 260-5255
 Day Daytime Phone #

CR2E037 19/99