

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90026 021 \*\*\*\*61.25

**DOCUMENT # 707412**

1. Entity Name  
**SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES A**

Principal Place of Business <b>378 CENTER POINTE CIRCLE          STE 1202          ALTAMONTE SPGS. FL 32701          US</b>	Mailing Address <b>378 CENTER POINTE CIRCLE          STE 1202          ALTAMONTE SPGS. FL 32701          US</b>
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00000130



2. Principal Place of Business <b>400 Magnolia Oak Dr</b>	3. Mailing Address <b>400 Magnolia Oak Dr</b>
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Suite, Apt. #, etc. <b>40</b>	Suite, Apt. #, etc.
City & State <b>Longwood FL</b>	City & State <b>Longwood FL</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6163402</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**FARBER, BARRY  
 378 CENTER POINTE CIRCLE  
 STE 1202  
 ALTAMONTE SPGS. FL 32701**

7. Name and Address of New Registered Agent  
 Name: **Charles H. Mathias**  
 Street Address (P.O. Box Number is Not Acceptable): **400 Magnolia Oak Drive**  
 City: **Longwood** FL Zip Code: **32779**

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: *Charles H. Mathias* DATE: **Jan 12, 2001**

Signature, typed or printed name of registered agent and title (applicable). (NOT Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCB D ALLEN, JOHNSON J 4105 COX RD LAND O LAKES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MYTON, KREBS 499 STATE RD. 434, STE. 2151 ALTAMONTE SPGS. FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARBER, BARRY 378 WHOOPING LOOP, STE 1202 ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HENDRICKSON, DEON 151 WYMORE RD, STE 150 ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JD Charles H. Mathias 400 Magnolia Oak Drive Longwood FL 32779</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles H. Mathias* DATE: **Jan 2, 2001**

Signature and typed or printed name of signing officer or director Date Dying Phone #

CR2E037 (10/00)