

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748712

1. Entity Name

SUNSET GARDENS CONDOMINIUM, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90101 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

544 BELLTOWER AVE  
 DELTONA FL 32725  
 US

544 BELLTOWER AVE  
 DELTONA FL 32725-8061  
 US

2. Principal Place of Business

3. Mailing Address

544 BELLTOWER AVE  
 Suite, Apt. #, etc.

SAME

City & State

City & State

DELTONA

4. FEI Number

Applied For

59-2144700

Not Applicable

Zip

Country

Zip

Country

FL.

32725

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

DYE, GEORGE  
 544 BELLTOWER AVE  
 DELTONA FL 32725

Name: SAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: FL Zip Code

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: George Dye (NOTE: Registered Agent signature required when reinstating) DATE: 1-10-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONGERWARD, ROBERT	NAME	
STREET ADDRESS	574 BELLTOWER AVE	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LORRAINE	NAME	
STREET ADDRESS	546 BELLTOWER AVE	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, GEORGE	NAME	
STREET ADDRESS	544 BELLTOWER AVE	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUYSMAN, WILLIAM	NAME	
STREET ADDRESS	564 BELLTOWER AVE	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHER, BETSY	NAME	
STREET ADDRESS	556 BELLTOWER AVE	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED TREASURER DATE: 1-10-00 DAYTIME PHONE #: 407-574-7585

CR2E037 (9/99)