

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752785

1. Entity Name

SUNNY SHORES SEA CAMP, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90074 048 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 WEST CYPRESS CREEK RD 700 FORT LAUDERDALE FL 33309 US		Mailing Address 100 WEST CYPRESS CREEK RD 700 FORT LAUDERDALE FL 33309-2195 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2029332		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

MCKEY, ROBERT, JR., M.D.
4950 LEJUENE ROAD
CORAL GABLES FL 33146

Name	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNSEY, DANA PO BOX 570674 N/A MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCCIA-LOOS, GINA 4299 FOX TRACE BOYNTON BEACH FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEY, ROBERT J M.D. 4950 LEJEUNE RD CORAL GABLES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dick Gillmor 31 Silver Springs Drive Key Largo, FL 33067 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOOS, EDMUND O III 4299 FOX TRACE BOYNTON BEACH FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rick Tedlow 4576 SW 139th Court, Unit A Miami FL 33175 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROMBACH, KAREN 12525 79 ST FELLSMERE FL 32948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Brombach 12525 79 Street Fellsmere FL 32948 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Helen Urban 9 Cassia Lane DeBary, Florida 32713 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Edmund O. Loos III V.P. 2/4/2000 (954) 491-1120
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (9/99)