

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 047 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # G25341

1. Entity Name
SUNSHINE FINANCIAL CORP.

Principal Place of Business 1926 10TH AVE N 4TH FL LK WORTH FL 33461 US	Mailing Address 1926 10TH AVE N 4TH FL LK WORTH FL 33461-3300 US
2. Principal Place of Business 1926 Tenth Avenue North	3. Mailing Address 1926 Tenth Avenue North
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33461	Country Palm Beach
Zip 33461	Country Palm Beach

4. FEI Number **59-2264156** 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
ROGERS, JAMES 1926 10TH AVE N 4TH FL LAKE WORTH FL 33461	Name Olga E. Parra Street Address (P.O. Box Number is Not Acceptable) 1926 Tenth Avenue North Suite 400 City Lake Worth FL Zip Code 33461

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 **Olga E. Parra** 1/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HONORA 1926 10TH AVE N LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS PARRA, OLGA E 1926 10TH AVE N, 4TH FL LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT ROGERS, JAMES M 1926 10TH AVE, N 4TH FL LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Eve Wilt 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SHAPIRO, STEPHEN J 1926 10TJH AVE N, 4TH FL LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRENSTEIN, MICHAEL 1926 10TH AVE N, 4TH FL LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP Michael Bernstein 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS SESCO, CAROLYN S 1926 10TH AVE N 4TH FL LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400

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 1/25/00 (561) 540-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Olga E. Parra, Executive Vice President

CR2E034 (9/99)