

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000071498**

1. Entity Name

**SUN LAND ACQUISITIONS, INC.****FILED****May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90102 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**4500 PGA BLVD.  
SUITE 400  
PALM BEACH GARDENS FL 33418****4500 PGA BLVD.  
SUITE 400  
PALM BEACH GARDENS FL 33418-3965**

2. Principal Place of Business

**4500 PGA Blvd.**

3. Mailing Address

**4500 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 303A**

Suite, Apt. #, etc.

**Suite 303A**

City &amp; State

**Palm Beach Gardens, FL**

City &amp; State

**Palm Beach Gardens, FL**

4. FEI Number

**65-0447667**

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

**DIVOSTA, OTTO B  
4500 PGA BLVD.  
SUITE 400  
PALM BEACH GARDENS FL 33418**

Name

**DIVOSTA, OTTO B.**

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

**4500 PGA Blvd., Suite 303A**

City

**Palm Beach Gardens****FL**

Zip Code

**33418**

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

**4-12-00**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**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	<input checked="" type="checkbox"/> Delete
PD	DIVOSTA, OTTO B	4500 PGA BLVD., SUITE 400	PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/>
VAT	GALUI, JUDITH M.	4500 PGA BLVD, SUITE 400	PALM BCH GARDENS FL	<input checked="" type="checkbox"/>
VAS	STEPHANOE, DIANE L.	4500 PGA BLVD, SUITE 400	PALM BCH GARDENS FL	<input checked="" type="checkbox"/>
V	FLOYD, CATHY D.	4500 PGA BLVD, SUITE 400	PALM BCH GARDENS FL	<input checked="" type="checkbox"/>
V	DIVOSTA, GUY M.	4500 PGA BLVD, SUITE 400	PALM BCH GARDENS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	DIVOSTA, OTTO B.	4500 PGA Blvd., Suite 303A	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>
VAT	GALUI, JUDITH M.	4500 PGA Blvd., Suite 303A	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>
VAS	STEPHANOS, DIANE L.	4500 PGA Blvd., Suite 303A	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>
V	FLOYD, CATHY D.	4500 PGA Blvd., Suite 303A	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>
V	DIVOSTA, GUY M.	4500 PGA Blvd., Suite 303A	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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 another like empowered.

SIGNATURE: **Diane L. Stephanos, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-12-00**

Daytime Phone #

**561/691-9050**

CR2E034 (9/99)