

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P93000071498**  
 1. Entity Name  
**SUN LAND ACQUISITIONS, INC.**

Principal Place of Business 4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418-3965
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4500 PGA Blvd. Suite, Apt. #, etc. Suite 303A City & State Palm, Beach Gardens, FL	3. Mailing Address 4500 PGA Blvd. Suite, Apt. #, etc. Suite 303A City & State Palm Beach Gardens, FL
--	---

4. FEI Number <b>65-0447667</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33418	Country USA	Zip 33418	Country USA
--------------	----------------	--------------	----------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  
**DIVOSTA, OTTO B**  
**4500 PGA BLVD.**  
**SUITE 400**  
**PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent  
 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 DATE **4-12-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIVOSTA, OTTO B 4500 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GALUI, JUDITH M. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS STEPHANOE, DIANE L. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CATHY D. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, GUY M. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIVOSTA, OTTO B. 4500 PGA Blvd., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GALUI, JUDITH M. 4500 PGA Blvd., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS STEPHANOS, DIANE L. 4500 PGA Blvd., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CATHY D. 4500 PGA Blvd., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, GUY M. 4500 PGA Blvd., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: as VP DATE **4-12-00** DAYTIME PHONE # **561/691-9050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)