2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P97000079472** 1. Entity Name SUN COUNTRY REALTY OF FLORIDA, INC. 04-28-2000 90090 025 ***150.00 Principal Place of Business Mailing Address 1206 PONDELLA CIRCLE 1206 PONDELLA CIRCLE NORTH FT MYERS FL 33903 N FT MYERS FL 33903-3513 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0785215 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name م محو حمدونو و ۱۰۰۰ **BRIGGS, MARION** Street Address (P.O. Box Number is Not Acceptable) 2128 SW 40TH TERR. CAPE CORAL FL 33914 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition D TITLE TITLE □ Delete **BRIGGS, MARION** NAME NAME STREET ADDRESS STREET ADDRESS 2128 SW 40TH TERR. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 Change Addition ☐ Defete TITLE TITLE **BRIGGS, MACRON** NAME NAME STREET ADDRESS STREET ADDRESS 2128 SW 40TH TERR CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Addition ☐ Change TITLE ☐ Delete TITLE CORKHILL, JOHN T NAME NAME STREET ADDRESS STREET ADDRESS 5581 BURNHAM CART CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33903 Change ☐ Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

NAME

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

4/19/00

941995-6001

☐ Change

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Daytime Phone #