2000 UNIFORM BUSINESS REPORT (UBR) FILED 155200 DOCUMENT # May 24, 2000 8:00 am Secretary of State SUNSET GOLF COURSE, INC. 05-24-2000 90144 033 ***150.00 Mailing Address Principal Place of Business CO VLAREM LERMAN, SWEENEY 70 TUCKER MOORE 16400 GULF BLVD PEDIMOTOM BEACH FL 33738 OCD DECHARD RD STESZS SKOKIE IL 60077 3. Mailing Address 2. Principal Place of Business P.O. Box 8337 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT 567 Applied For 4. FEI Number City & State City & State 59-059/393 ST. PETERSBURG, FL Not Applicable \$8.75 Additional Zio Country 5. Certificate of Status Desired 33738 33708 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, TUCKER 16400 GULF BLVD Street Address (P.O. Box Number is Not Acceptable) REDINGTON BEACH FL 33708 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change -☐ Delete MOORE, C. TUCKER NAME STREET ADDRESS STREET ADDRESS 16400 GULF BLVD CITY-ST-ZIP REDINGTON BEACH, FL CITY - ST- Z-F N. REDINGTON BEACH FL Addition **K** Change TITLE De ete TITLE STD MAME MOORE, MELISSA NAME STREET ADDRESS STREET ADDRESS 16400 GULF BLVD. 33708 CITY - 51 - 71F REDINGTON BEACH. CITY-ST-ZIF N. REDINGTON BCH. FL Addition Change TITLE Delete TITLE MCNIEL, MARTIN NAME STREET ADDRESS STREET ADDRESS Box. CITY-ST-ZIP CITY-ST-ZIP JAFFREY, NH ☐ Change Addition THE Delete TITLE NAFAT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Addition Change _ TITLE Detete TIT! F NÂM: --NAME 5, 21919 Flake Cheonifago 1 STREET ADDRÉSS STREET ADDRESS #### (VP) - 1860 City-St-ZiP E. W. T. S. A. P. P. M. M. W. L. 1, - .12 FR 3UC 13. Thereby 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

Daytime Phone #