

DOCUMENT # N98000005721
1. Entity Name
FLORIDA SUN CONFERENCE, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90022 005 ****61.25

Principal Place of Business
20 FANCHER CT.
ST. AUGUSTINE FL 32084

Mailing Address
P.O. BOX 1027
ST. AUGUSTINE FL 32085-1027

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip 32080
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534404
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, DANIEL P
20 FANCHER CT.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 32080

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 _____

FILE NOW:
FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD BARNETT, R. DAVID 236 SWALLOW RD ST AUGUSTINE FL 32088 ☐ Delete
SD DUAULAP, JOHN 1201 ALTERNATE HWY 27 S. BABSON PARK FL 33827 ☒ Delete
CD STEWART, DANIEL 20 FANCHER CT ST AUGUSTINE FL ☐ Delete
☐ Delete
☐ Delete
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
S/T NANCY NICHOLS 1201 ALTERNATE HWY 27S BABSON PARK 33827 ☒ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel P. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/4/01
Date
904 829-6481
Daytime Phone #

CR2E037 (10/00)