

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90151 040 ***150.00

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☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # F97000006723	
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1. Entity Name SUN CITY LAND COMPANY	Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	Mailing Address P.O. BOX 07026 FORT MYERS FL 33919
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3485208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLINN, MILTON G 24311 WALDEN CTR DR STE #205 BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
Name <u>AL HOFFMAN</u>
Street Address (P.O. Box Number is Not Acceptable) <u>11200 LONGWATER CHASE CT.</u>
City <u>FORT MYERS</u> FL Zip Code <u>33908</u>

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. I am familiar with, and accept the obligations of registered agent.	<i>[Signature]</i>	DATE <u>1/30/03</u>
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HOFFMAN, ALFRED JR 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STARKEY, JERRY L 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLINN, MITON G 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEITH, SLYVIA 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, DONALD E 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER, E L 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum, verified by a duly empowered person.

SIGNATURE: <i>[Signature]</i>	SIGNATURE REQUIRED	DATE <u>1/30/03</u>	Daytime Phone # <u>239-433-5111 ext. 38</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	Daytime Phone #

CR2E034 (10/02)