

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 232035

1. Entity Name

SUNRISE GOLF DEVELOPMENT CORP.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90050 002 ***158.75

Principal Place of Business: 1096 SUNSET STRIP
SUNRISE FL 33313

Mailing Address: 1096 SUNSET STRIP
SUNRISE FL 33313-6106

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 59-0897619

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITH, W.R.
1096 SUNSET STRIP
SUNRISE FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GEARY, WILLIAM W., JR.
STREET ADDRESS 1096 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SCHIEBEL, KATHRYN S.
STREET ADDRESS 2800 28TH ST., STE 222
CITY-ST-ZIP SANTA MONICA CA ☒ Delete

TITLE S ☒ Change ☐ Addition
NAME Schiebel, Kathryn S.
STREET ADDRESS 6171 W. Century Blvd. STE 100
CITY-ST-ZIP Los Angeles, CA 90045

TITLE EVD
NAME GRIFFITH, W R
STREET ADDRESS 1096 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME BARCLIFT, BARBARA
STREET ADDRESS 1096 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME GEARY, WILLIAM W. JR.
STREET ADDRESS 1096 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.R. Griffith

3/1/00

Date

954/792-5111

Daytime Phone #

CR2E034 (9/99)