

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405261

1. Entity Name

SUGARLAND PLAZA, INC

Principal Place of Business

Mailing Address

802 N.W. 1ST ST.
SOUTH BAY FL 33493
US

802 N.W. 1ST ST.
SOUTH BAY FL 33493-1601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 59-1424767

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

ROYAL, STEVEN B
802 N.W. 1ST ST.
SOUTH BAY FL 33493

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROYAL, SCOTT A 802 N.W. 1ST ST. SOUTH BAY FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROYAL, CHARLES F 802 N.W. 1ST ST. SOUTH BAY FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROYAL, STEVEN B 802 N.W. 1ST ST. SOUTH BAY FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TEETS, JAMES C 802 N.W. 1ST STREET SOUTH BAY FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROYAL, DERIK C 802 N.W. 1ST STREET SOUTH BAY FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

JAMES C TEETS

1-4-2000

Date

561-996-8080

Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90003 009 ***158.75

80001542



DO NOT WRITE IN THIS SPACE