

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90120 029 ***150.00

DOCUMENT # 529150

1. Entity Name

SUNLAND INTERNATIONAL, INC.

Principal Place of Business SUNLAND INTERNATIONAL, INC. 6401 SOUTH TEX PT. P.O. BOX #1699 HOMOSASSA SPRINGS FL 34447	Mailing Address SUNLAND INTERNATIONAL, INC. P.O. BOX 1699 HOMOSASSA SPGS FL 34447-1699
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2. Principal Place of Business 6401 South Tex Point	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Homosassa, FL	City & State
Zip 34448	Country USA

4. FEI Number **59-1727594**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

00010472



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GROTJAHN, WILLIAM P 7 GAZANIA CT. HOMOSASSA FL 34446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	VD GROTJAHN, DONNA 43 HOLLYHOCK CT HOMOSASSA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROTJAHN, WILLIAM 7 GAZANIA CT HOMOSASSA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BETTY 541 PELHAM RD. NEW ROCHELLE NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, ELOISE 2645 WEBSTER AVE SO. MINNEAPOLIS MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GROTJAHN, LISA 7 GAZANIA CT HOMOSASSA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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

Date

Daytime Phone #

1-20-2000 (352) 628-1801