

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543799

1. Entity Name

SUNSTATES REALTY GROUP, INC.

Principal Place of Business

Mailing Address

4600 MARRIOTT DR #120
RALEIGH NC 27612

P. O. BOX 30043
RALEIGH NC 27622-0043

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

59-1766299

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ☐ Delete

NAME LEONARD, RICHARD A.
STREET ADDRESS 4600 MARRIOTT DR.
CITY-ST-ZIP RALEIGH NC

TITLE TD ☐ Delete

NAME KENNEDY, GLENN J.
STREET ADDRESS 4600 MARRIOTT DR.
CITY-ST-ZIP RALEIGH NC

TITLE S ☐ Delete

NAME PAYNE, CLAIR K.
STREET ADDRESS 4600 MARRIOTT DR.
CITY-ST-ZIP RALEIGH NC

TITLE D ☐ Delete

NAME MORTENSON, LEE N.
STREET ADDRESS 55 EAST MONROE ST.
CITY-ST-ZIP CHICAGO IL

TITLE C ☐ Delete

NAME SHAVER, DEAN F.
STREET ADDRESS 4600 MARRIOTT DR. STE 200
CITY-ST-ZIP RALEIGH NC 27612

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard A. Leonard Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90044 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)