

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 688889

1. Entity Name

SUNDIAL HOMES, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90093 007 \*\*\*150.00

Principal Place of Business

c/o WYNNE, JOEL F.  
8000 S US 1, #402  
PORT ST. LUCIE, FL 34952

Mailing Address

C/O WYNNE, JOEL F.  
8000 S US 1, #402  
PORT ST. LUCIE, FL 34952

929994

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-2049523

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WYNNE, JOEL F.  
8000 S US 1, #402  
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

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	<input type="checkbox"/> Delete
	DP	WYNNE, JOEL F.	8000 S US 1, #402	
		PT ST LUCIE FL		
	DT	NEWMAN, HARVEY	8000 S US 1, #402	
		PT ST LUCIE, FL		
	DV	WYNNE, MATTHEW L	8000 S US 1, #402	
		PT ST LUCIE FL		
	DVS	WYNNE, ERIC P	8000 S US 1 #402	
		PT ST LUCIE FL		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Joel F. Wynne

03/22/00

Date

(561) 878-5513

Daytime Phone #

CR2E034 (9/99)