

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707747

1. Entity Name

SUNSHINE REGION, NATIONAL MODEL RAILROAD ASSOCIA

Principal Place of Business

1711 S ANDREWS
FT LAUDERDALE FL 33316
US

Mailing Address

1711 S ANDREWS
FT LAUDERDALE FL 33316-2525
US

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

NOT APPLICABLE

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

CHAIT, ROBERT E
1711 S ANDREWS AVE
FT LAUDERDALE FL 33316

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GREENBAUM, ROBERT
7959 9TH AVE S
ST PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
GANGWISH, ROBER
1704 S LAKE REEPEY BLVD
FROSTPROFF FL 33843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FUSSELL, LYMAN
135 SULKY WAY
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CHAIT, ROBERT E
1711 S ANDREWS AVE
FT LAUDERDALE FL ☐ Delete

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Chait
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Jan 00 (954) 522-8441

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90026 022 ****61.25

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DO NOT WRITE IN THIS SPACE