

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90115 008 ****61.25

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
 US

2. Principal Place of Business

212 N. LAKE HARTRIDGE DR

3. Mailing Address

212 N. LAKE HARTRIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33881

Country

US

Zip

33881

Country

US

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

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

7. Name and Address of New Registered Agent

Name

Street Address

Mr. Walter L. Roberge
212 N Lake Hartridge Dr.
Winter Haven, FL 33881

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

Walter L. Roberge Jr. **WALTER L. ROBERGE JR. TREASURER** **1/22/01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREENBAUM, ROBERT 7959 9TH AVE S ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GANGWISH, ROBER 1704 S LAKE REEPLY BLVD FROSTPROFF FL 33843	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSSELL, LYMAN 135 SULKY WAY WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAIT, ROBERT E 1711 S ANDREWS AVE FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Walter L. Roberge 212 N Lake Hartridge Dr. Winter Haven, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ED KASPER 126 WALK IN WATER CREEK RD. LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Walter L. Roberge Jr. **WALTER L. ROBERGE JR.**

1/22/01 **863-956-4112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)