

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90033 016 ****61.25

DOCUMENT # 745192

1. Entity Name

SUNFEST OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**525 CLEMATIS STREET
 WEST PALM BEACH FL 33401
 US**

**525 CLEMATIS STREET
 WEST PALM BEACH FL 33401
 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

59-1864355

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

**MAYANS, STEVEN A
 C/O FITZGERALD HAWKINS MAYANS & COOK, PA
 515 NORTH FLAGLER DR SUITE 900
 WEST PALM BEACH FL 33401**

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 **SD** ☐ Delete
JOHNSON, JOHN M
 STREET ADDRESS **176 MONTEREY WAY**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE
 NAME **President / Director** ☒ Change ☐ Addition
Johnson, John M
 STREET ADDRESS **176 Monterey Way**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE
 NAME **PBOD** ☒ Delete
NOBLE, BARBARA S
 STREET ADDRESS **1713 FLAGLER MANOR CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE
 NAME **Secretary / Director** ☒ Change ☐ Addition
Sartory-Link, Wendy
 STREET ADDRESS **7696 Blood Lad Road**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33411**

TITLE
 NAME **VPD** ☐ Delete
SARTORY-LINK, WENDY
 STREET ADDRESS **7696 BLOD LAD ROAD**
 CITY-ST-ZIP **PALM BEACH GRDNS FL 33418**

TITLE
 NAME **Vice President / Director** ☐ Change ☒ Addition
Terry Jonethis
 STREET ADDRESS **1231 Singer Drive**
 CITY-ST-ZIP **Riviera Beach, FL 33408**

TITLE
 NAME **MD** ☐ Delete
JAMIESON, PAUL
 STREET ADDRESS **6720 NW 25TH WAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **T** ☐ Delete
VIROSTEK, GWYNN
 STREET ADDRESS **2741 NE 8TH COURT**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 *Paul Jamieson* **REQUIRED** *Paul Jamieson* **1/14/02** **561-837-8062**

CR2E037 (9/01)