

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 769135**

1. Entity Name

**SUNBURST FOUNDATION, INC.**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90098 038 \*\*\*\*61.25

Principal Place of Business % JAMES M. HANKINS 2000 GLADES ROAD, STE 400 BOCA RATON FL 33431	Mailing Address P.O. BOX 812155 BOCA RATON FL 33481-2155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2637289</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WENZEL, KENNETH A**  
**980 N. FEDERAL HIGHWAY, SUITE 440**  
**BOCA RATON FL 33432**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HANKINS, JAMES M.</b>	
STREET ADDRESS	<b>2000 GLADE ROAD - SUITE 400</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VTSD</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, DONALD E.</b>	
STREET ADDRESS	<b>1515 S FEDERAL HWY #201</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>WENZEL, KENNETH A</b>	
STREET ADDRESS	<b>980 N. FEDERAL HIGHWAY SUITE 440</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]*** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)