

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000224**

1. Entity Name

**ZURICH SUNSHINE, LTD.**

Principal Place of Business

**3340 PEACHTREE RD. NE., STE. 1500  
ATLANTA GA 30326**

Mailing Address

**3340 PEACHTREE RD. NE., STE. 1500  
ATLANTA GA 30326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3229841**

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

**BAITA REAL ESTATE, INC.**

**7400 BAYMEADOWS WAY WEST, SUITE 302  
JACKSONVILLE FL 32256**

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

**7400 Baymeadows Way, Suite 107**

City

**Jacksonville**

**FL**

Zip Code

**32256**

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

**Reto J. Schneider**

**4/29/02**

DATE

9. Capital Contributions

**\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F94000000215**  
NAME **BAITA REAL ESTATE, INC.**  
STREET ADDRESS **3340 PEACHTREE RD. NE., STE. 1500**  
CITY-ST-ZIP **ATLANTA GA 30326**

STREET ADDRESS

CITY-ST-ZIP

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-05/24/02--01001--018  
\*\*\*526.25 \*\*\*526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Reto J. Schneider**

**4/29/02**

**678-686-6778**

Date

Daytime Phone #

CR2E003 (9/01)

006282  
AT