


# 2001 UNIFORM BUSINESS REPORT (UBR)

0001725 AF

**DOCUMENT # A95000000918**

1. Entity Name  
**SUNGATE, LTD.**

**FILED** 

Principal Place of Business: **3260 UNIVERSITY BLVD. STE. 210 WINTER PARK FL 32792-7433**

Mailing Address: **3260 UNIVERSITY BLVD. STE. 210 WINTER PARK FL 32792-7433**

**01 JAN 29 AM 10:58**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3319756</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>HADDOCK PROFESSIONAL ASSOCIATION 3260 UNIVERISTY BLVD. STE. 210 WINTER PARK FL 32792</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$500.00**

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 #	<b>P95000047621</b>	STREET ADDRESS	
NAME	<b>SUNGATE, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3260 UNIVERSITY BLVD., STE. 210</b>		
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>300003654553--8</b>
STREET ADDRESS			<b>-02/06/01--01091--022</b>
CITY-ST-ZIP			<b>***150.00 ***150.00</b>
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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**

**1/18/01** (407) 679-6171

Date Daytime Phone #

CR2E003 (11/00)