

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002129

1. Entity Name

SUNSPOT RESORTS LIMITED CORP.

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90076 010 \*\*\*163.75

Principal Place of Business

H DEER PARK. CRESCENT STE 1B  
TORONTO  
ONTARIO CANADA M4V 2C3

Mailing Address

H DEER PARK. CRESCENT STE 1B  
TORONTO  
ONTARIO CANADA M4V 2C3

707442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 DEER PARK CRESCENT STE 1B  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TORONTO ONTARIO

City & State

4. FEI Number

98-022 5304

Applied For

Not Applicable

Zip

M4V 2C3

Country

CANADA

Zip

Country

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

BRUNTON REGISTERED AGENTS INC.  
4710 NW 2ND AVENUE, #101  
BOCA RATON FL 33431

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCREADY, JAMES 4 DEER PARK CRESCENT #1B TORONTO ONTARIO CANADA	<input 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James M. McCready* JAMES MCCREADY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17 / 2001  
Date

(416) 924-3784  
Daytime Phone #

CR2E034 (10/00)