

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53013

1. Entity Name

SUN PALMS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90002 022 ***150.00

Principal Place of Business

Mailing Address

WAKULLA LN VILLA E
124
COCOA BCH FL 32931

P.O. BOX 320035
COCOA BCH FL 32932-0035
US

00018723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2418371

Applied For

Not Applicable

Zip

Country

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

FULTON, BRENDA
171 WAKULLA LANE UNIT 124
COCOA BCH FL 32931

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	FULTON, BRENDA	NAME	
STREET ADDRESS	171 WAKULLA LN UNIT 124	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	LIBERTY, MICHAEL	NAME	
STREET ADDRESS	215 WEST HASKELL	STREET ADDRESS	
CITY-ST-ZIP	WEST ST PAUL MN 55118	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CARIS, GLADYS	NAME	
STREET ADDRESS	170 FLAGLER LN UNIT 101	STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00 321-459-1784
Date Daytime Phone #

CR2E034 (9/99)