## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # F93000003213 Jun 14, 2000 8:00 am **Secretary of State** SUNCHASE LAND FUND, INC. 06-14-2000 90004 012 \*\*\*550.00 Principal Place of Business Mailing Address 2525 EAST CAMELBACK ROAD 2525 EAST CAMELBACK ROAD SUITE 888 PHOENIX AZ 85016-4280 PHOENIX AZ 85016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 86-0738521 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE ☐ Change Addition ☐ Delete TITLE POPE, WILLIAM A NAME NAME STREET ADDRESS STREET ADDRESS 2525 E CAMLBACK STE-#888 CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ ☐ Change ☐ Addition ☐ Delete TITLE TITLE YAW, CHEE S NAME NAME STREET ADDRESS STREET ADDRESS 2525 E CAMELBACK / STE #888 CITY-ST-ZIP CITY-ST-ZIP **PHOENIX AZ** ☐ Change Addition ☐ Defete TITLE RENNECKAR STEPHEN E NAME -NAME STREET ADDRESS STREET ADDRESS 2525 E CAMELBACK STE 888 CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85016 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

of Printed NAME of Signing Officer or Director Renneckar, Vice President