2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90050 015 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F96085

1. Entity Name

SUN CITY LIVING REALTY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1513C SUN CITY CENTER PLAZA P.O. BOX 5273 SUN CITY CENTER FL 33571	1513C SUN CITY CENTER PLAZA P.O. BOX 5273 SUN CITY CENTER FL 33571-5273

2. Principal Place of Business	3. Mailing Address
1651 Sun City Center Plaza	P. O. Box 5273
Suite, Apt. #, etc. P. O. Box 5273	Suite, Apt. #, etc.
City & State Sun City Center, FL	City & State Sun City Center, FL
Zip 33571-5273 / Country USA	Zip 33571-5273 / Country USA

4. FEI Number 59-2213751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT S
1513-C SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name: Robert S. White
Street Address (P.O. Box Number is Not Acceptable): 1651 Sun City Center Plaza
City: Sun City Center FL Zip Code: 33571-5273

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] Robert S. White, President/Broker 3/16/00
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	
TITLE	DP	☐ Delete	TITLE	☐ Change ☒ Addition
NAME	WHITE, ROBERT S		NAME	
STREET ADDRESS	1507 FLAMINGO LANE		STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		CITY-ST-ZIP	33573
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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] Robert S. White 3/16/00 (813) 633-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #