2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90355 027 ***150.00

DOCUMENT # **F96085**

1. Entity Name
SUN CITY LIVING REALTY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1651 SUN CITY CENTER PLAZA~~ xxxxxxxxxxxxx	~~1651 SUN CITY CENTER PLAZA~~
P.O. BOX 5273	P.O. BOX 5273
SUN CITY CENTER FL 33571 -5273	SUN CITY CENTER FL 33571-5273

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite 3830 ST RD 674 # 102	
Suite, Apt. #, etc. P.O.Box 5273	Suite, Apt. #, etc.
City & State: Sun City Center, FL	City & State
Zip: 33571-5273 / Country: USA	Zip / Country

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	7. Name and Address of New Registered Agent
WHITE, ROBERT S 3830 ST RD 674 Suite 102	Name
~~1651 SUN CITY CENTER PLAZA~~ P.O.BOX 5273	Street Address (P.O. Box Number is Not Acceptable): 3830 ST RD 674 Suite 102
SUN CITY CENTER FL ~~33573~~ 33571-5273	Sun City Center 33571-5273
	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] 3/15/02
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, 2002 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 33573		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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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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] 3/15/02 (813) 633-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #