## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F97000004632** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name SUNSHINE STATE HOLDING CORPORATION OF DELAWARE 04-21-2000 90094 043 \*\*\*150.00 Mailing Address Principal Place of Business 814 A1A N STE 200 814 A1A N STE 200 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082-3269 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2351990 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VOLPE, T W Street Address (P.O. Box Number is Not Acceptable) 121 W FORSYTH ST STE 900 JAX FL 32202 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPC ☐ Change ☐ Addition ☐ Delete TITLE TITt F HOWSON, BRUCE K NAME NAME STREET ADDRESS STREET ADDRESS 814 A1A N STE 200 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 USCF **VSCF** Delete TITLE ERVIN, RICHARD TITLE HOTCHKISS, WILLIAM F NAME NAME 814 AIA N SUITE 200 STREET ADDRESS STREET ADDRESS 814 A1A N STE 200 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BCH FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE MEGUIRE, BRIAN R. LOWRY, WILLIAM K JR NAME NAME 99 PARK AUE, 11 th FLOOR STREET ADDRESS STREET ADDRESS 99 PK AVE 11 FLR CITY-ST-ZIP **NEW YORK NY 10016** NEW YORK NY 10016 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE SAVAGE, THOMAS R JR NAME NAME 1501 LADY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP COLUMBIA SC 29201 ☐ Change ☐ Addition TITLE ☐ Delete TITLE KING. JOSEPH N NAME STREET ADDRESS STREET ADDRESS 20 HORSENECK LANE

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

**GREENWICH CT 06830** 

**5A NORTH COTE WEST** 

PEMBROKE, BERMUDA

CONNELL, K B

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

□ Change

Addition