

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G25341

1. Entity Name

SUNSHINE FINANCIAL CORP.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 047 ***150.00

Principal Place of Business

1926 10TH AVE N
4TH FL
LK WORTH FL 33461
US

Mailing Address

1926 10TH AVE N
4TH FL
LK WORTH FL 33461-3300
US

2. Principal Place of Business

1926 Tenth Avenue North

3. Mailing Address

1926 Tenth Avenue North

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

Palm Beach

Zip

33461

Country

Palm Beach

6. Name and Address of Current Registered Agent

ROGERS, JAMES
1926 10TH AVE N
4TH FL
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Olga E. Parra

Street Address (P.O. Box Number is Not Acceptable)

1926 Tenth Avenue North

Suite 400

City
Lake Worth

FL

Zip Code
33461

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.

Olga E. Parra

1/25/00

(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

TITLE ☐ Delete
NAME SHAPIRO, HONORA
STREET ADDRESS 1926 10TH AVE N
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Delete
NAME EVPS
STREET ADDRESS PARRA, OLGA E
CITY-ST-ZIP 1926 10TH AVE N, 4TH FL
LAKE WORTH FL 33461

TITLE ☒ Delete
NAME SVPT
STREET ADDRESS ROGERS, JAMES M
CITY-ST-ZIP 1926 10TH AVE, N 4TH FL
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME EVP
STREET ADDRESS SHAPIRO, STEPHEN J
CITY-ST-ZIP 1926 10TH AVE N, 4TH FL
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME DVP
STREET ADDRESS BRENSTEIN, MICHAEL
CITY-ST-ZIP 1926 10TH AVE N, 4TH FL
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME VCAS
STREET ADDRESS SESCO, CAROLYN S
CITY-ST-ZIP 1926 10TH AVE N 4TH FL
LAKE WORTH FL 33461

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1926 Tenth Avenue North, Suite 400
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1926 Tenth Avenue North, Suite 400
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Eve Wilt
STREET ADDRESS 1926 Tenth Avenue North, Suite 400
CITY-ST-ZIP Lake Worth, FL 33461

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1926 Tenth Avenue North, Suite 400
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS Michael Bernstein
CITY-ST-ZIP 1926 Tenth Avenue North, Suite 400
Lake Worth, FL 33461

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1926 Tenth Avenue North, Suite 400
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Olga E. Parra, Executive Vice President

1/25/00

Date

(561) 540-6224

Daytime Phone #

CR2E034 (9/99)