

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G25341**

1. Entity Name

SUNSHINE FINANCIAL CORP.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90043 028 ***150.00

914272

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1926 10TH AVE N
SUITE 400
LAKE WORTH FL 33461
US**

Mailing Address

**1926 10TH AVE N
SUITE 400
LAKE WORTH FL 33461
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2264156**

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

**PARRA, OLGA E
1926 10TH AVE N
SUITE 400
LAKE WORTH FL 33461**

Name

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

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, 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, HONORA	
STREET ADDRESS	1926 10TH AVENUE N.; STE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached Exhibit "A" for a complete List of officers and directors	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVPS	<input type="checkbox"/> Delete
NAME	PARRA, OLGA E	
STREET ADDRESS	1926 10TH AVENUE N.; STE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	WITT, EVE	
STREET ADDRESS	1926 10TH AVENUE N.; STE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVE WILT	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVP	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEPHEN J	
STREET ADDRESS	1926 10TH AVENUE N.; STE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	1926 10TH AVENUE N.; STE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VCAS	<input type="checkbox"/> Delete
NAME	SESCO, CAROLYN S	
STREET ADDRESS	1926 10TH AVENUE N.; STE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

01/11/01

(561) 540-6224

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
9/14/21
Document # G2S341

Exhibit "A"
Sunshine Financial Corp.
Officers and Directors

NAME	TITLE	BUSINESS ADDRESS
✓ Honora Shapiro	Director	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
✓ Michael Bernstein	Director & President	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
✓ Olga E. Parra	Executive Vice President, Chief Operating Officer, Secretary & General Counsel	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
✓ Stephen J. Shapiro	Executive Vice President	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
✓ Carolyn S. Sesco	Senior Vice President, Treasurer, Controller & Assistant Secretary	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
✓ Eve Wilt	Senior Vice President & Assistant Secretary	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
William C. Kennedy	Vice President	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
Graham Paul Wellington	Vice President & Assistant Secretary	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
Lisa Cathell	Assistant Vice President	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461
Suzanne R. Petipren	Assistant Vice President	1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461