2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11619

1. Entity Name

~~SUN SOUTH CENTER, INC.~~ SUN VISTA, INC

04-10-2001 90142 033 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 17 AM 11:14

UU033868

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8203 THOMAS DR. PANAMA CITY BEACH FL 32407	8203 THOMAS DR. PANAMA CITY BEACH FL 32407

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 59-2361148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELGEE, CHRISTOPHER
8203 THOMAS DR.
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name: Sher L. Allan, attorney at law

Street Address (P.O. Box Not Acceptable): 731 Oak Avenue

City: Panama City FL Zip Code: 32401

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: Sher L. Allan 9-14-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELGEE, CHRISTOPHER 8203 THOMAS DR. PANAMA CITY BEACH FL 32407	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELGEE, MARY 8203 THOMAS DR. PANAMA CITY BEACH FL 32407	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELGEE, FARRIS 8203 THOMAS DR. PANAMA CITY BEACH FL 32407	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Mary K Elgee 4-6-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #