

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66948

1. Entity Name

SUNI SANDS MOBILE HOME OWNERS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90018 037 ***150.00

Principal Place of Business

Mailing Address

961 NORTH A1A SUITE 216
JUPITER FL 33477
US

961 NORTH A1A SUITE 216
JUPITER FL 33477-9544
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2566601**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUCHANAN, BARBARA
961 N A-1-A
SUITE 201
JUPITER FL 33477

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BUCHANAN, BARBARA**
STREET ADDRESS **961 N A-1-AM SUITE 201**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LYON, JEANNE**
STREET ADDRESS **961 N A-1-A, SUITE 215**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BAUM, VINCENT**
STREET ADDRESS **961 NORTH A1A SUITE 114**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MUSCATO, JOANNA**
STREET ADDRESS **961 NORTH A1A SUITE 171**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Coblentz, Elaine**
CITY-ST-ZIP **961 North A1A Suite 119**

TITLE **RSD** ☐ Delete
NAME **PFEFFERCORN, GERHARD**
STREET ADDRESS **961 N A-1-A, #218**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Jupiter FL 33477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Vincent J. Baum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-00

748 9915

CR2E034 (9/99)