

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66948

1. Entity Name

SUNI SANDS MOBILE HOME OWNERS, INC.

Principal Place of Business

961 NORTH A1A SUITE 216  
JUPITER FL 33477  
US

Mailing Address

961 NORTH A1A SUITE 216  
JUPITER FL 33477  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCHANAN, BARBARA	
STREET ADDRESS	961 N A-1-A SUITE 201	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LYON, JEANNE	
STREET ADDRESS	961 N A-1-A, SUITE 215	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUM, VINCENT	
STREET ADDRESS	961 NORTH A1A SUITE 114	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MUSCATO, JOANNA	
STREET ADDRESS	961 NORTH A1A SUITE 171	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	PFEFFERCORN, GERHARD	
STREET ADDRESS	961 N A-1-A, #218	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COBLENTZ, ELAINE	
STREET ADDRESS	961 N A1A STE 119	
CITY-ST-ZIP	JUPITER FL 33477	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA LESOINE	
STREET ADDRESS	961 N A-1-A #124	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Vincent J. Baum  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent J. Baum

3/20/01

Date

561-748-9915

Daytime Phone #

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90043 036 \*\*\*150.00

00037915



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)