

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90172 024 ***150.00

DOCUMENT # H72403

1. Entity Name
SUN BEACH MANAGEMENT CORPORATION



Principal Place of Business
15020 MADIERA WAY
MADEIRA BEACH FL 33708
US

Mailing Address
P.O. BOX 8026
MADEIRA BEACH FL 33738
US

2. Principal Place of Business
15026 Madeira Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Madiera Beach, FL

City & State

4. FEI Number **59-2581535**

Applied For

Not Applicable

Zip
33708

Country
USA

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

DEMANT, JOHN
544 LILLIAN DR
MADEIRA BEACH FL 33708

Name **RICHARD I. KANTNER, JR.**

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

2106 DEKLE AVE.

City **TAMPA**

FL

Zip Code **33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/7/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **DEMANT, JOHN**
STREET ADDRESS **544 LILLIAN DR**
CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE **PRES. / DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **RICHARD I. KANTNER, JR.**
STREET ADDRESS **2106 DEKLE AVE.**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☒ **Delete**
NAME **DEMANT, MARY FRANCES**
STREET ADDRESS **544 LILLIAN DR**
CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE **V/D** ☒ **Change** ☐ **Addition**
NAME **Jamie S. Robinson**
STREET ADDRESS **10043-119th Way N.**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☒ **Change** ☐ **Addition**
NAME **KIMBERLY FORD**
STREET ADDRESS **3611 103rd Ave N.**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☒ **Change** ☐ **Addition**
NAME **ANGELA T. ROBINSON**
STREET ADDRESS **10043-119th Way N.**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **SHARON KANTNER**
STREET ADDRESS **2106 Dekle Ave.**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☒ **Change** ☐ **Addition**
NAME **TIMOTHY FORD**
STREET ADDRESS **3611-103rd Ave N.**
CITY-ST-ZIP **Clearwater, FL 33762**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

727-393-5555

Daytime Phone #

CR2E034 (10/02)