

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0021978

DOCUMENT # L00000001255

1. Entity Name

SUNCORP HOLDINGS, L.L.C.

02-24-2002 90007 037 *****50.00

Principal Place of Business

**3418 S APOPKA-VINELAND ROAD
 ORLANDO FL 32835**

Mailing Address

**PO BOX 2281
 WINDERMERE FL 34786**

2. Principal Place of Business

3418 DOWNEAST LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

Zip

34786

Country

USA

Zip

Country

4. FEI Number

59-3685901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VAN TONDER, CORNELIUS
 3418 S APOPKA-VINELAND ROAD
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **VAN TONDER CORNELIUS**

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

3418 DOWNEAST LN.

City **WINDERMERE**

FL

Zip Code

34786

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **TONDER, CORNELIUS V**
 STREET ADDRESS **3418 S. APOPKA VINELAND RD.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
 NAME **VAN TONDER CORNELIUS**
 STREET ADDRESS **3418 DOWNEAST LN.**
 CITY-ST-ZIP **WINDERMERE, FL, 34786**

TITLE **MGR/M** ☐ Change ☒ Addition
 NAME **VAN TONDER SONIA**
 STREET ADDRESS **3418 DOWNEAST LN.**
 CITY-ST-ZIP **WINDERMERE, FL, 34786**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/20/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)