

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006177

DOCUMENT # L01000007710

1. Entity Name  
SUNGATE (EUROPE), LTD. CO.



FILED

2003 APR 21 PM 4:36

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

~~3260 UNIVERSITY BLVD.~~  
~~SUITE 210~~  
~~WINTER PARK FL 32792~~

Mailing Address

~~3260 UNIVERSITY BLVD.~~  
~~SUITE 210~~  
~~WINTER PARK FL 32792~~

2. Principal Place of Business

3300 University Blvd

3. Mailing Address

3300 University Blvd

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number 22-7644693

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HADDOCK, EDWARD E JR.  
~~3260 UNIVERSITY BLVD.~~  
~~SUITE 210~~  
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent

Name

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

3300 University Blvd

Suite 210

City

Winter Park

FL

Zip Code

32792

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

*Edward E. Haddock*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/10/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

600016379036

04/21/03--01035--034 \*\*55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ~~SUNGATE, INC.~~  
STREET ADDRESS ~~3260 UNIVERSITY BLVD SUITE 210~~  
CITY-ST-ZIP ~~WINTER PARK FL 32792~~

☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Edward E. Haddock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/03

407-679-6171

CR2E083 (10/02)