

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006239

DOCUMENT # L01000007713

1. Entity Name

SUNGATE (GREECE), LTD. CO.



FILED

2003 APR 21 PM 4:37

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

3300 University Blvd 3300 University Blvd

Suite, Apt. #, etc.  
Suite 218

Suite, Apt. #, etc.  
Suite 218

City & State

City & State

Winter Park, FL

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 ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDOCK, EDWARD E JR.

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

Name

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

3300 University Blvd.  
Suite 218

City Winter Park

FL 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

300016379009  
04/21/03--01035--033 \*\*\$5.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME SUNGATE, INC.  
STREET ADDRESS ~~3260 UNIV. BLVD. STE 210~~  
CITY-ST-ZIP ~~WINTER PARK FL 32792~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3300 University Blvd, Suite 218  
CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*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)