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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 16, 2001 8:00 am **DOCUMENT # L92153** Secretary of State SUNSET GOLF CLUB, INC. 03-16-2001 90019 044 \*\*\*150.00 Principal Place of Business Mailing Address 2727 JOHNSON ST. 2727 JOHNSON ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 00034457 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0214130 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent ---Name Dilliam Notton FLEMING, O'BRYAN & FLEMING (P.O. Box Number is Not Acceptable) 500 E BROWARD BLVD. FT. LAUDERDALE FL 33394 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME GOODMAN, CAROL NAME STREET ADDRESS STREET ADDRESS 6650 E TROPICAL WAY CITY-ST-ZIP CITY-ST-ZIP <u>Plantation</u> fl ☐ Addition TITLE Delete TITLE Change NAME NAME SUTTON, WILLIAM STREET ADDRESS STREET ADDRESS 2727 JOHNSON ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

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