

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94000000330**

1. Entity Name

**SUNSHINE LAND ENTERPRISES, L.C.**

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8220 SUNSET DRIVE  
MIAMI FL 33143

Mailing Address

P.O. BOX 430240  
SOUTH MIAMI FL 33243-0240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0505810**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GANTT, RAGAN**  
**8220 SUNSET DRIVE**  
**MIAMI FL 33143**

Name

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

City

**FL**

Zip Code

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MGRM**  
**GANTT, RAGAN**  
**8220 SUNSET DRIVE**  
**MIAMI FL 33143**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**RAGAN GANTT**

Date

Daytime Phone #

2000 305-  
1-17-99 274-  
2141