

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000715

1. Entity Name
SUNDANCE MHP, L.C.

Principal Place of Business
8320 W SUNRISE BLVD
SUITE 108
PLANTATION FL 33322

Mailing Address
8320 W SUNRISE BLVD
SUITE 108
PLANTATION FL 33322-5434

FILED
00 JAN 12 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-3406451

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

DAMONTE, JONATHAN JAMES
7800-113TH STREET N
SUITE 206
SEMINOLE FL 34642

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
HOLDEN, JOHN
7027 W BROWARD BLVD #401
PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003103824--9
-01/20/00--01020--011
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLSTEIN, GERALD K
8320 W SUNRISE BLVD #108
PLANTATION FL 33322

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF PERSON SIGNING REPORT AS MANAGER

GERALD K. HOLSTEIN

Date

Daytime Phone #

1/4/2000

954-370-8220

CR2E083 (9/99)