

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009257  
AF

DOCUMENT # L98000000120

1. Entity Name  
SUN GLO PROPERTIES, L.C.

00 APR 28 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O JOHN A. MORAN, ESQ.  
1800 SECOND STREET, SUITE 700  
SARASOTA FL 34236

Mailing Address  
C/O JOHN A. MORAN  
P.O. BOX 3948  
SARASOTA FL 34230-3948



2. Principal Place of Business  
22 South Links Ave., Ste. 300  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

Sarasota, FL  
Sarasota

City & State

4. FEI Number  
65-0818606

Applied For  
Not Applicable

Zip  
34236

Country

Zip  
Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MORAN, JOHN A  
1800 SECOND STREET, SUITE 700  
SARASOTA FL 34236

22 South Links Ave.  
Ste. 300  
Sarasota, FL 34236

## 7. Name and Address of New Registered Agent

Name  
John A. MORAN

Street Address (P.O. Box Number is Not Acceptable)  
22 South Links Ave, Suite 300

City  
SARASOTA

FL

Zip Code  
34236

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.  
John A. Moran

(NOTE: Registered Agent signature required when reinstating)

DATE  
4/24/00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
MGR	GOETZ, SYLVESTER	606 MAIN STREET	SAYREVILLE NJ 08872	<input type="checkbox"/>
MGR	GOETZ, ERIC	606 MAIN STREET	SAYREVILLE NJ 08872	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Sylvestre Goetz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/4/00  
Date

Daytime Phone #

CR2E083 (9/99)