

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000000194

1. Entity Name

SUNDY ESTATES, L.C.

00 APR 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14 S. SWINTON AVENUE
DELRAY BEACH FL 33444

Mailing Address

14 S. SWINTON AVENUE
DELRAY BEACH FL 33444-3654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823777

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

ROMANO, RODNEY G

14 S. SWINTON AVENUE
DELRAY BEACH FL 33444

Name

SMITHER, ROBERT M., JR

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

14 S. SWINTON AVE

City

DELRAY BEACH

FL

Zip Code

33444

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.

ROBERT M. SMITHER, JR

MGRM

4/21/00

(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
SMITHER, ROBERT M JR
14 S. SWINTON AVENUE
DELRAY BEACH FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000003242940--9
-05/08/00--01111--004
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
MGRM
HARVEY, SIMON
14 S. SWINTON AVENUE
DELRAY BEACH FL 33444 ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

ROBERT M. SMITHER, JR 4/21/00 (561) 243-2400

CR2E083 (9/99)