

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000196

1. Entity Name  
SUNDY INN, L.C.

Principal Place of Business  
106 S. SWINTON AVE  
DELRAY BEACH FL 33444

Mailing Address  
14 S. SWINTON AVE  
DELRAY BEACH FL 33444-3654

APPROVED  
AND  
FILED

00 APR 22 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMANO, RODNEY G  
14 S. SWINTON AVE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

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

DATE

4/21/00

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
RDAY, FILIP  
STREET ADDRESS 106 SO. SWINTON AVENUE  
CITY-ST-ZIP DELRAY BEACH FL

☒ Delete

TITLE NAME MGRM  
SMITHER SR, ROBERT M  
STREET ADDRESS 14 S SWINTON AVE  
CITY-ST-ZIP DELRAY BEACH FL

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

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