

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001981

1. Entity Name

SUN FUN & RETIREMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:10

Principal Place of Business

2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547

Mailing Address

2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547-1897



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

59-3538300

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

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

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
BLUMBERG, GAYLE
2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003162180--8
-03/08/00--01054--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
BLUMBERG, THEODORE MRS.
2960 OUTLOOK COURT
BEAVERCREEK OH 45434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
lf 312100 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
WILSON, CHRISTOPHER J
6258 VISTA RIDGE
MADERIA OH 45227 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
WILSON, BETSY
6258 VISTA RIDGE
MADERIA OH 45227 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
BLUMBERG, LAWRENCE B
2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
JONES, JOHN G
917 PRINCETON ROAD
TERRACE PARK OH 45174 ☐ Delete

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:

Gayle Blumberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/17/2000 850-863-4144

Date

Daytime Phone #

CR2E083 (9/99)