

2001 UNIFORM BUSINESS REPORT (UBR)

0004106 AF

DOCUMENT # L98000001981

1. Entity Name
SUN FUN & RETIREMENT, L.L.C.

FILED

01 MAR 16 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547

Mailing Address
2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547

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 MGRM
STREET ADDRESS BLUMBERG, GAYLE
CITY-ST-ZIP 2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547 ☐ Delete

TITLE
NAME MEM
STREET ADDRESS Stephanie Jones
CITY-ST-ZIP 917 Princeton Road
TERRACE PARK OH 45174 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 100003911671-9
-03/27/01--01038--019
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

TITLE
NAME MEM
STREET ADDRESS JONES, JOHN G
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

March 4, 2001

850-863-4194

CR2E083 (11/00)