

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90028 025 ****50.00

DOCUMENT # L98000001981

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



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

Zip

Country

Zip

Country

4. FEI Number **59-3538300**

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MEM** ☐ Change ☒ Addition
 NAME **Jones, Stephanie**
 STREET ADDRESS **917 Princeton Road**
 CITY-ST-ZIP **Terrace Park OH 45174**

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

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

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

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

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

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

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

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

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

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

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

Date

Daytime Phone #

8/14/02 850-863-4194

CR2E083 (4/02)