

2001 UNIFORM BUSINESS REPORT (UBR)

0006326 AF

DOCUMENT # L99000001813

1. Entity Name
SUNSHINE 'N SUN, L.C.

FILED

01 FEB 26 AM 8:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**220 NORTH PALMETTO AVENUE, SUITE 200
ORLANDO FL 32801**

Mailing Address
**220 NORTH PALMETTO AVENUE, SUITE 200
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3566340

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

**CROSBY, J. WAYNE
220 NORTH PALMETTO AVENUE, SUITE 200
ORLANDO FL 32801**

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**

**000003783430--6
-02/27/01--01117--014
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
THE FORMISON TRUST
P.O. BOX N-65
NASSAU, BAHAMAS**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-12-01

407-261-9123

CR2E083 (11/00)