## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # M57136** SUNSET COLONY MOBILE HOME PARK, INC. 04-24-2000 90003 014 \*\*\*150.00 Principal Place of Business Mailing Address 2400 W. BROWARD BLVD. 2400 W. BROWARD BLVD. FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312-1347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2833505 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEPLER, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 2997 DAY AVE MIAMI FL 33133 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ST Change TITLE Delete TITLE YAWITT, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 65 ARNOLD RD CITY-ST-ZIP WELLESLEY MA CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE SEPLER, RICHARD M NAME STREET ADDRESS STREET ADDRESS 2997 DAY AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-444-6101

CR2E034 (9/99