

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 29 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000882

1. Entity Name  
SUN MART LLC

Principal Place of Business

400 WEST MAIN STREET, SUITE 300  
DURHAM NC 27701

Mailing Address

400 WEST MAIN STREET, SUITE 300  
DURHAM NC 27701-3233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-214 1006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM DRAUGHON, DONALD R JR  
STREET ADDRESS 400 W. MAIN ST., STE 300  
CITY- ST- ZIP DURHAM NC 27701 ☐ Delete

TITLE NAME MGRM TURNER, THOMAS G  
STREET ADDRESS 400 W. MAIN ST., STE 300  
CITY- ST- ZIP DURHAM NC 27701 ☐ Delete

TITLE NAME MGRM HORNE, EUGENE B  
STREET ADDRESS 400 W. MAIN ST., STE 300  
CITY- ST- ZIP DURHAM NC 27701 ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME 7000003263647--7  
STREET ADDRESS -05/23/00-01084-001  
CITY- ST- ZIP \*\*\*\$50.00 \*\*\*\$50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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: Thomas G. Thompson **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/1/00

919 477 4200