

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99886

1. Entity Name

SUNMARK REALTY OF ST. AUGUSTINE, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90172 033 \*\*\*150.00

Principal Place of Business

Mailing Address

4600 A1A SOUTH. STE 1000  
ST. AUGUSTINE FL 32084

4600 A1A SOUTH. STE 1000  
ST. AUGUSTINE FL 32084-7427

2. Principal Place of Business

4255 A1A South

3. Mailing Address

4255 A1A South

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number

59-2929001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, GEORGE M.  
81 KING STREET  
SUITE A  
ST. AUGUSTINE FL 32084

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D  
NAME MCCLURE, GEORGE M.  
STREET ADDRESS 81 KING STREET, SUITE A  
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

TITLE O  
NAME DUSSEAU, M. WALTER  
STREET ADDRESS 341 C WILDWOOD DRIVE  
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)