

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
Jun 08, 2001 8:00 am
Secretary of State

04-30-2001 90056 016 ****61.25

DOCUMENT # N00000004346

1. Entity Name

SUNSET PASS OWNERS ASSOCIATION, INC.

Principal Place of Business

112 EAST 3RD CT.
PANAMA CITY FL 32401

Mailing Address

112 EAST 3RD CT.
PANAMA CITY FL 32401

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, DERRICK
112 EAST 3RD CT.
PANAMA CITY FL 32401

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 reconstituting)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JUNEAU, STEWART	
STREET ADDRESS	3801 PLAZA TOWER DR.	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JEANNE	
STREET ADDRESS	P.O. BOX 6785	
CITY-ST-ZIP	DESTIN FL 32550-1007	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JUNEAU, NEIL R	
STREET ADDRESS	3801 PLAZA TOWER DR.	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Fowler	
STREET ADDRESS	1 SunAmerica Center	
CITY-ST-ZIP	Century City Los Angeles, CA 90067-6022	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Heitner	
STREET ADDRESS	1 SunAmerica Center	
CITY-ST-ZIP	Century City Los Angeles, CA 90067-6022	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Probst	
STREET ADDRESS	1 SunAmerica	
CITY-ST-ZIP	Century City Los Angeles, CA 90067-6022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)