

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27061

1. Entity Name

SUNSHINE PROMOTIONAL FUND, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 018 ****61.25

Principal Place of Business

Mailing Address

~~400 NORTH BAY DR~~
LIZELLA GA 31052
US

~~400 NORTH BAY DR~~
LIZELLA GA 31052-3204
US

Principal Place of Business

9751 Lower Thomaston Rd

3. Mailing Address

9751 Lower Thomaston Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Macon GA

City & State

Macon, GA

4. FEI Number

59-2899190

Applied For

Not Applicable

Zip

31220

Country

US

Zip

31220

Country

US

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

SHORT, FREDERICK R., JR.
3733 UNIVERSITY BLVD., WEST
S203
JACKSONVILLE FL 32217

Name

Teresa L. Holman

Street Address (P.O. Box Number is Not Acceptable)

460 Gegerman Rd

1615 Conway Garden Rd

City

Orlando

FL

Zip Code

32806

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

D
NAME GEGELMAN, TODD
STREET ADDRESS 372 WILSHIRE BLVD
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete

D
NAME ENGELKING, DANIEL
STREET ADDRESS 7499 PARK LANE RD 152
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ Delete

D
NAME BRUNDIGE, JIM
STREET ADDRESS 188 BEN BURTON CIRCLE
CITY-ST-ZIP BOGART GA

TITLE ☐ Delete

VP
NAME HOLMAN, TERESA L.
STREET ADDRESS 400 N BAY DR
CITY-ST-ZIP LIZELLA GA

TITLE ☐ Delete

ST
NAME TYSON, WILMA
STREET ADDRESS 2951 VINEVILLE AVE
CITY-ST-ZIP MACON GA

TITLE ☐ Delete

PRES.
NAME Gerald Stahl
STREET ADDRESS 2532 Oscar Johnston Dr
CITY-ST-ZIP Charleston, S.C. 29405

TITLE

NAME
STREET ADDRESS 1615 Conway Garden Rd
CITY-ST-ZIP Orlando, FL 32806

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS 9751 Lower Thomaston Rd
CITY-ST-ZIP Macon, Ga. 31220

TITLE

NAME
STREET ADDRESS 7381 Hawksville Rd
CITY-ST-ZIP Macon, Ga. 31216

TITLE

NAME
STREET ADDRESS Pres. Gerald Stahl
CITY-ST-ZIP 2532 Oscar Johnston Dr Charleston, S.C. 29405

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 all other like empowered.

SIGNATURE: X SUNSHINE PROMOTIONAL FUND, INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00 912-935-8762

Date

Daytime Phone #

CR2E037 (9/99)