

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6/01

FILED

Apr 20, 2000 8:00 am  
Secretary of State

03-06-2000 90018 018 \*\*\*\*61.25

DOCUMENT # N29779

1. Entity Name

FLORIDA SUN CATS, INC.

Principal Place of Business

% SUE VICKERMAN  
1015 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS FL 32043

Mailing Address

% SUE VICKERMAN  
1015 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS FL 32043-9512

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0060040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REARK, BARBARA  
5805 AVENUE E  
BOX 624  
MCINTOSH FL 32684

7. Name and Address of New Registered Agent

Name

SAME

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 \$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	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, SUSAN	
STREET ADDRESS	507- NW 39TH ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSEN, SUZANNE	
STREET ADDRESS	11627 Tanager DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, JOYCE	
STREET ADDRESS	4774 LEOPARD CIRCLE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REARK, BARBARA	
STREET ADDRESS	5805 AVE E	
CITY-ST-ZIP	MCINTOSH FL	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	VICKERMAN, RAY	
STREET ADDRESS	1015 ARTHUR MOORE DRIVE	
CITY-ST-ZIP	GREENCOVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN KOEDEL	
STREET ADDRESS	4217 IRVINGTON AVE	
CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	P D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUE VICKERMAN	
STREET ADDRESS	1015 ARTHUR MOORE DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
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 or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)