

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90294 010 ****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

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0060040

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REARK, BARBARA
 5805 AVENUE E
 BOX 624
 MCINTOSH FL 32664**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 KOEDEL, SUSAN
 4217 IRVINGTON AVE
 JACKSONVILLE FL 32210** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 HANSEN, SUZANNE
 11627 TANAGER DR
 JACKSONVILLE FL 32225** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 VICKERMAN, SUE
 1015 ARTHUR MOORE DRIVE
 GREEN COVE SPRINGS FL 32043** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 REARK, BARBARA
 5805 AVE E
 MCINTOSH FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V-PRES / D
 REARK, BARBARA
 SAME** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/D
 SABRA HULL
 8133 FIELD SIDE DR.
 JACKSONVILLE, FL 32244** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T/D
 LORRAINE SALAN
 262 WESLEY RD.
 GREEN COVE SPRINGS, FL 32043** ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2001

Date

591-2792

Daytime Phone #

CR2E037 (10/00)