

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39819

1. Entity Name

SUNBEAM CENTER COMMERCIAL PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9595 SUNBEAM CENTER DR
JACKSONVILLE FL 32257
US

9595 SUNBEAM CENTER DR
JACKSONVILLE FL 32257
US

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

59-2909268

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

CASWELL, TOMMY
9595 SUNBEAM CENTER DR
JACKSONVILLE FL 32257

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

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 PTD
NAME CASWELL, TOMMY
STREET ADDRESS 9595 SUNBEAM CENTER DR
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE Director-Vice President ☐ Change ☒ Addition
NAME Sanfilippo, Andrew P.
STREET ADDRESS 9624 Sunbeam Center Drive
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D
NAME YORK, TOM
STREET ADDRESS 9601 SUNBEAM CENTER DR
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ Delete

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

TITLE D
NAME LEE, MELISSA
STREET ADDRESS 11221-1 ST JOHNS IND. PKWY S.
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME MATSON, STEVE
STREET ADDRESS 9654 SUNBEAM CENTER DR
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME CULP, JIM
STREET ADDRESS 9612 SUNBEAM CENTER DR
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ Delete

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

TITLE D
NAME MOONEYHAN, MARK
STREET ADDRESS 1121 POLOLEE ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SG SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

904-262-6601

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90061 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)