

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44848

1. Entity Name

GREATER SUN CITY CENTER DISASTER COUNCIL, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90043 022 ****61.25

Principal Place of Business

1509 SUN CITY CENTER PLAZA
 SUITE B
 SUN CITY CENTER FL 33573

Mailing Address

1509 SUN CITY CENTER PLAZA
 SUITE B
 SUN CITY CENTER FL 33573-5300

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

59-3089285

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

LINSKY, DONALD B.
 1509 SUN CITY CENTER PLAZA
 SUITE B
 SUN CITY CENTER FL 33573

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 ☐ Delete
 NAME D UHRICH, ENID
 STREET ADDRESS 1509 BUNKERHILL DR.
 CITY-ST-ZIP SUN CITY CENTER FL

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

TITLE ☐ Delete
 NAME D UHRICH, WILLIAM
 STREET ADDRESS 1509 BUNKERHILL DR.
 CITY-ST-ZIP SUN CITY CENTER FL

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

TITLE ☐ Delete
 NAME D LINSKY, DONALD B.
 STREET ADDRESS 1509 SUN CITY CTR PLAZA
 CITY-ST-ZIP SUN CITY CENTER FL

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

TITLE ☐ Delete
 NAME D MILLER, CHARLES
 STREET ADDRESS 1522 HARTWICK DR.
 CITY-ST-ZIP SUN CITY FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

WILLIAM UHRICH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM UHRICH

Date

Daytime Phone #

APRIL 2, 2000

CR2E037 (9/99)