

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000377

1. Entity Name

SUNSHINE PERFORMING ARTS OF AMERICA, INC.

Principal Place of Business

6113 CEDAR AVE.
GIBSONTON FL 33534

Mailing Address

P.O. BOX 299
GIBSONTON FL 33534-0299

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

59-3221058

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

NAGHTIN, WALTER E SR.
6113 CEDAR AVE.
GIBSONTON FL 33534

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 D ☐ Delete
NAME NAGHTIN, WALTER E SR.
STREET ADDRESS 6113 CEDAR AVE.
CITY-ST-ZIP GIBSONTON FL 33534

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

TITLE D ☐ Delete
NAME NAGHTIN, WALTER E JR.
STREET ADDRESS 6113 CEDAR AVE.
CITY-ST-ZIP GIBSONTON FL 33534

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

TITLE D ☐ Delete
NAME LONGMIRE, DALE A
STREET ADDRESS 7004 MOTTIE ROAD
CITY-ST-ZIP GIBSONTON FL 33534

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

TITLE D ☐ Delete
NAME POLKE, LYNN
STREET ADDRESS 1371 VIA DEL CARMEL
CITY-ST-ZIP SANTA MARIA CA

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

TITLE D ☐ Delete
NAME BEEMAN, JERRY
STREET ADDRESS 1218 E. CAYUGA
CITY-ST-ZIP TAMPA FL 33603

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

TITLE D ☐ Delete
NAME COOK, PATTY
STREET ADDRESS 11210 LEPRECHAUN DR.
CITY-ST-ZIP RIVERVIEW FL 33569

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:

Signature of Longmire for Sunshine Per. Arts of Am.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90037 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)