2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000613 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name THE SUNSHINE FOUNDATION, INC. 04-21-2000 90107 007 ****61.25 Principal Place of Business Mailing Address 1905 BONANZA CT 1905 BONANZA CT WINTER PARK FL 32792 WINTER PARK FL 32792-2026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-3357377 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **ELLIOTT, RICHARD E JR** 1905 BONANZA CT WINTER PARK FL 32792 Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. Change ☐ Addition Delete TITLE TITLE NAME ELLIOTT, RICHARD E JR NAME STREET ADDRESS STREET ADDRESS 1905 Bonanza CT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition TITI E ☐ Delete TITLE NAME ELLIOTT, RICHARD E SR NAME STREET ADDRESS STREET ADDRESS 746 BEEACH AVE CITY-ST-ZIP CITY-ST-ZIP **GLENOLDEN PA 19036** Change ☐ Addition Delete TITLE TITI F NAME HANSEN, FR. LAWRENCE H NAME STREET ADDRESS STREET ADDRESS 1500 LANSDOWN AVE CITY-ST-ZIP CITY-ST-ZIP **DARBY PA 19023** D Delete TITLE Change ☐ Addition TITLE BARNCORD, GRETA NAME NAME STREET ADDRESS STREET ADDRESS 114 E. 7TH STREET P.O. BOX 660518 CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL 32766 ☐ Change ☐ Addition Delete TITLE TITLE NAME ELLIOTT, JOSEPHINE T NAME STREET ADDRESS STREET ADDRESS 746 BEECH AVE CITY-ST-ZIP CITY-ST-7IP **GLENOLDEN PA 19036** Delete TITLE ☐ Addition NAME ELLIOTT, MICHELLE NAME STREET ADDRESS STREET ADDRESS 1905 BONANZA CT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792

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 TYPES ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/14/00

(07) 522-4242

Baytime Phone #