

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004576

1. Entity Name

SUNRA, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90107 027 \*\*\*\*61.25

839595



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1781 PARK CENTER DRIVE ORLANDO FL 32835	1781 PARK CENTER DRIVE ORLANDO FL 32835-6210

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	MILLER, L. STEVEN
STREET ADDRESS	1781 PARK CENTER DRIVE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	DS <input type="checkbox"/> Delete
NAME	BELL, THOMAS A
STREET ADDRESS	1781 PARK CENTER DRIVE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	DT <input type="checkbox"/> Delete
NAME	GOODMAN, RICHARD
STREET ADDRESS	1781 PARK CENTER DRIVE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Lincoln Morison
STREET ADDRESS	1781 Park Center Drive
CITY-ST-ZIP	Orlando, FL 32835
TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra K. Michel
STREET ADDRESS	1781 Park Center Drive
CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas A. Bell 4/28/00 (407) 532-1000  
PRINTED NAME OF DESIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)