

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90085 024 ***150.00

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DOCUMENT # P00000076056

1. Entity Name

SUNCASTLE PROPERTIES, INC., OF PONTE VEDRA BEACH



Principal Place of Business

200 SOLANA RD. SUITE A
PONTE VEDRA BEACH FL 32082

Mailing Address

200 SOLANA RD. SUITE A
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

830 AIA N.

830 AIA N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 4

Ste 4

☐ CHECK HERE IF MAKING CHANGES

City & State

Ponte Vedra Bch FL

City & State

Ponte Vedra Bch FL

4. FEI Number

59-3663524

Applied For

Not Applicable

Zip

32082

Country

St Johns

Zip

32082

Country

St Johns

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

SAUSED, FRANK

200 SOLANA RD, SUITE A
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

830 AIA N.

Ste 4

City

Ponte Vedra Bch

FL

Zip Code

32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEÉ IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS OGDEN, SUE ANN
CITY-ST-ZIP 200 SOLANA RD, SUITE A
PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS OGDEN, SUE ANN
CITY-ST-ZIP 830 AIA N. Ste 4
PONTE VEDRA BEACH FL 32082

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
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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 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)