

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90159 034 ***550.00

DOCUMENT # P00000105762

1. Entity Name
SULLIVAN HOMES, INC.

Principal Place of Business

5 DELANO LANE
STUART FL 34996

Mailing Address

5 DELANO LANE
STUART FL 34996

2. Principal Place of Business

658 NE LITTLE KAYAK PT
 Suite, Apt. #, etc.

3. Mailing Address

SAME AS #2
 Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL
34983
USA

City & State

Zip
Country

4. FEI Number

65-1056781

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
100 SE 2ND STREET 17TH FLOOR
MIAMI FL 33131

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

(NOTE: Registered Agent signature required when reinstating)

8/11/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT, TAGALUGER	KEVIN J. SULLIVAN	658 NE LITTLE KAYAK PT.	PORT ST. LUCIE, FL 34983		
VICE-PRESIDENT	R. DANNY MAY	17610 SW 64TH CT	MIAMI, FL 33158		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **KEVIN J. SULLIVAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/01 **561-785-6500**
 Date Daytime Phone #

CR2E034 (5/01)