

FROM : SUN STATE COMMUNITIES

FAX NO. : 941-948-0778

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-21-2001 90046 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107708
1. Entity Name
SUN STATE COMMUNITIES, INC.

Principal Place of Business Mailing Address
800 SEAGATE DRIVE, UNIT 203 **800 SEAGATE DRIVE, UNIT 203**
NAPLES FL 34103 **NAPLES FL 34103**

35539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3521 Bonita Bay Blvd. Suite, Apt. #, etc.

City & State City & State
Bonita Springs **FL**
Zip Country
34134 **FL**

4. FEI Number Applied For
59-368 3222 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent
Name: **Antonio Tago**
Street Address (P.O. Box Number is Not Acceptable):
375 Twelfth Avenue South
City: **Naples, FL 34134** **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: DATE: _____
Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D BAMS, MICHAEL <input type="checkbox"/> Delete 800 SEAGATE DRIVE, UNIT 203 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bahms, Michael 3521 Bonita Bay Blvd. Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth J. O'Leary 3521 Bonita Bay Blvd. Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowerment.

SIGNATURE: **3-12-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E024 (10/00)