

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000515323**
 1. Entity Name **Sun South Center, Inc.**

Principal Place of Business Mailing Address
8203 Thomas Drive
Panama City Beach, FL 32408

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
Christopher Elgee
8203 Thomas Drive
Panama City Beach, FL 32408

4. FEI Number **59-3686962**
 Applied For
 Not Applicable

7. Name and Address of New Registered Agent
 Name **Sher L. Allan, Attorney at Law**
 Street Address (P.O. Box Number is Not Acceptable)
731 Oak Avenue
 City **Panama City** FL **32401**

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 *Sher L. Allan* DATE **9-14-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Elgee, Christopher		NAME		
STREET ADDRESS	8203 Thomas Drive		STREET ADDRESS		
CITY-STATE-ZIP	Panama City Beach, FL 32408		CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elgee, Farris		NAME		
STREET ADDRESS	8203 Thomas Drive		STREET ADDRESS		
CITY-STATE-ZIP	Panama City Beach, FL 32408		CITY-STATE-ZIP		
TITLE	S/T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elgee, Mary		NAME		
STREET ADDRESS	8203 Thomas Drive		STREET ADDRESS		
CITY-STATE-ZIP	Panama City Beach, FL 32408		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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]* DATE **4-24-01** DAYTIME PHONE # **850-234-7842**
Signature and typed or printed name of signing officer or director

05-11-2001 09470 019 ***150.00
 SECRETARY P00000515323
 DIVISION OF CORPORATIONS

01 SEP 17 AM 11:13

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)