

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-10-2002 90192 048 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103428

1. Entity Name

SUNSET BAY CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8517 SOUTH PARK CIRCLE

3. Mailing Address

8517 SOUTH PARK CIRCLE

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State
ORLANDO, FLCity & State
ORLANDO, FL

4. FEI Number

82-0538577

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
32819Country
U.S.A.Zip
32819Country
U.S.A.5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BROOKS, JOANNA F.

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

8517 SOUTH PARK CIRCLE

SUITE 210

City
ORLANDO

FL

Zip Code
32819DO NOT WRITE
IN THIS SPACE

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 resigning)

DATE

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	DIRECTOR KIRKLAND, PATRICK B 4360 CHAMBLEE DUNWOODY ROAD, #407 ATLANTA, GA 30341	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR KIRKLAND, LAUREL W 4360 CHAMBLEE DUNWOODY ROAD, #407 ATLANTA, GA 30341	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2, 2002

(770) 986-9090

Date

Daytime Phone #

CR2E034B (12/01)