2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90073 011 ***158.75

DOCUMENT # P93000045674

1. Entity Name
SUNNYSIDE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
~~227 SE 8TH ST~~ ~~OCALA FL 34471~~ ~~US~~ 207 ATKINSON AVE SAVANNAH, GA 31404	~~P O BOX 2610~~ ~~OCALA FL 34478~~ ~~US~~ 207 ATKINSON AVE SAVANNAH, GA 31404

D00028440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
207 ATKINSON AVE	207 ATKINSON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAVANNAH, GA	City & State: SAVANNAH, GA
Zip: 31404 Country: US	Zip: 31404 Country: US

4. FEI Number 59-3190425 ☐ Applied For ☐ Not Applicable

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
WADE, DANIEL J	Name
~~227 SE 8TH STREET~~	Street Address (P.O. Box Number is Not Acceptable): 3391 E. SILVER SPRINGS BLVD, SUITE F
~~OCALA FL 34471~~	City: OCALA FL Zip Code: 34470

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 ____________________ 2/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONKIN, WILLIAM J 207 ATKINSON STREET SAVANNAH GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBEA, DIANNE S. 207 ATKINSON STREET SAVANNAH GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ____________ William J. Tonkin 3 MAR 01 231-8297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #