

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000028711**

1. Entity Name

SUNTREE PROPERTIES, INC.

Principal Place of Business

Mailing Address

**400 ST. ANDREWS BLVD
MELBOURNE FL 32940****400 ST. ANDREWS BLVD
MELBOURNE FL 32941-0999**

2. Principal Place of Business

1060 Royal Fern Drive

3. Mailing Address

Post Office Box 410999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3236560

Applied For

Not Applicable

Zip

Country

Zip

Country

32940**US****32941****US**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

**IGO, MILES D
400 ST. ANDREWS BLVD
MELBOURNE FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)
649 Spring Lake DriveCity
MelbourneFL | Zip Code
32940

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 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, 2000 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 ☐ Delete**PD
HALEY, MYRA K
136 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH FL**TITLE ☒ Change ☐ Addition**P.O. Box 410999
Melbourne, FL 32941**TITLE ☐ Delete**V
IGO, MILES D
649 SPRING LAKE DRIVE
MELBOURNE FL**TITLE ☒ Change ☐ Addition**P.O. Box 410999
Melbourne, FL 32941**TITLE ☒ Delete**S
COCHRAN, WILLIAM G
785 SHELL STREET
SATELLITE BENCH FL**TITLE ☐ Change ☐ AdditionTITLE ☐ Delete**DC
IGO, MILES D
649 SPRING LAKE DRIVE
MELBOURNE FL**TITLE ☒ Change ☐ Addition**P.O. Box 410999
Melbourne, FL 32941**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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)(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:

Myra K. Haley
Myra K. Haley

25-Jan-00

321 242-6210

Date

Daytime Phone #