

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038710

1. Entity Name
SUNSHINE MANAGEMENT OF NORTH FLORIDA INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90163 020 ***150.00

Principal Place of Business Mailing Address
 8382 BAYMEADOWS RD. 8382 BAYMEADOWS RD.
 #5 #5
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32216-1932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2002 SOUTHSIDE BL Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
JACKSONVILLE FL **JACKSONVILLE FL** **59-3247761** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32216 **DUAL**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RUSSO, PETER J Name
8382 BAYMEADOWS RD. **SAM**
#5 Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32256 **2002 SOUTHSIDE BL**
 City State Zip Code
JACKSONVILLE **FL** **32216**

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 typed or 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. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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 PD	<input checked="" type="checkbox"/> Delete	TITLE CHARMAN-CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSO, PETER J		NAME PETE RUSSO	
STREET ADDRESS 8382 BAYMEADOWS ROAD, #5		STREET ADDRESS 2002 SOUTHSIDE BL	
CITY-ST-ZIP JACKSONVILLE FL 32256		CITY-ST-ZIP JACK FL 32216	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE VICE CHAIRMAN CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGLETARY, PATRICK M		NAME PATRICK SINGLETARY	
STREET ADDRESS 8382 BAYMEADOWS ROAD, #5		STREET ADDRESS 2002 SOUTHSIDE BL	
CITY-ST-ZIP JACKSONVILLE FL 32256		CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE PREC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGLETARY, ROBERT		NAME ROBERT SINGLETARY	
STREET ADDRESS 8382 BAYMEADOWS ROAD, #5		STREET ADDRESS 2002 SOUTHSIDE BL	
CITY-ST-ZIP JACKSONVILLE FL 32256		CITY-ST-ZIP JACK FL 32216	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: Date: **4/18/00** Daytime Phone #: **221-5722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)