

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042898

1. Entity Name

SUN 'N LAKE PROPERTIES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90027 014 \*\*\*150.00

Principal Place of Business

Mailing Address

4119 SUN 'N LAKE BLVD  
SEBRING FL 33872

129 SOUTH COMMERCE AVE  
SEBRING FL 33870-3602  
US

00000337

2. Principal Place of Business

3. Mailing Address

5680 SCHUMACHER RD

5680 SCHUMACHER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL.

City & State

SEBRING FL.

Zip

33872-2708

Country

HIGHLANDS

Zip

33872-2708

Country

HIGHLANDS

4. FEI Number

65-0501605

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

MCCOLLUM, JAMES F.

129-S COMMERCE AVE  
SEBRING FL 33870

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	SEVERINO, ROBERT	
STREET ADDRESS	6520 MATANZAS DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RIVERO, RAFAEL	
STREET ADDRESS	1701 SUNRISE DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SEVERINO, DARRYLIN D.	
STREET ADDRESS	6520 MATANZAS DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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:

*Robert E. Severino* ROBERT E. SEVERINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 863  
365-9400