

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90139 049 ***150.00

DOCUMENT # P95000009089

1. Entity Name
SUNSEEKER USA, INC.

Principal Place of Business
**200 EAST LAS OLAS BLVD.
SUITE 1800
FT. LAUDERDALE FL 33301**

Mailing Address
**200 EAST LAS OLAS BLVD.
SUITE 1800
FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 East Las Olas Blvd.

3. Mailing Address
200 East Las Olas Blvd.

Suite, Apt. #, etc.
Suite 1900

Suite, Apt. #, etc.
Suite 1900

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0567900

Applied For
☐ Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRINKLEY, W. MICHAEL
200 EAST LAS OLAS BLVD.
SUITE 1800
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
Brinkley, W. Michael
Street Address (P.O. Box Number is Not Acceptable)
**200 East Las Olas Blvd.
Suite 1900**
City
Fort Lauderdale **FL** Zip Code
33301

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 *W Michael Brinkley, Pres.*
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, 2002 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

TITLE **D** ☐ Delete
NAME **SQUIBB, MARY**
STREET ADDRESS **200 E LAS OLAS BLVD, STE 1800**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **VPF** ☐ Delete
NAME **FACKRELL, ROBERT W**
STREET ADDRESS **200 E LAS OLAS BLVD, STE 1800**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **P** ☐ Delete
NAME **BRINKLEY, W. MICHAEL**
STREET ADDRESS **200 E LAS OLAS BLVD, STE 1800**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **VPDR** ☐ Delete
NAME **BRAITHWAITE, ROBERT**
STREET ADDRESS **200 E LAS OLAS BLVD STE 1800**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **P** ☒ Delete
NAME **WARDE, GEOFFREY**
STREET ADDRESS **200 E LAS OLAS BLVD STE 1800**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPF, D, S** ☒ Change ☐ Addition
NAME **Fackrell, Robert W.**
STREET ADDRESS **200 E. Las Olas Blvd., Suite 1900**
CITY-ST-ZIP **Fort Lauderdale FL 33301**

TITLE **P, D** ☒ Change ☐ Addition
NAME **Brinkley, W. Michael**
STREET ADDRESS **200 E. Las Olas Blvd., Suite 1900**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *W Michael Brinkley, Pres.*
W. Michael Brinkley, President

954-522-2200

Date

Daytime Phone #

CR2E034 (9/01)