

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011176

1. Entity Name

SUNSAVANNA FLORIDA, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90141 003 ***155.00

Principal Place of Business

Mailing Address

343 VAN BUREN ST
HOLLYWOOD FL 33019

P.O. BOX 551687
CAROL CITY FL 33055-0687

2. Principal Place of Business

501 Golden Isles Drive

3. Mailing Address

P.O. Box 85183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201-F

City & State
Hallandale Beach, Florida

City & State
Hallandale Beach, Florida

4. FEI Number 65-0646704

Applied For

Not Applicable

Zip 33009

Country USA

Zip 33008

Country USA

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

ANDERSON, W.E.
16111 S.W. 102 AV
MIAMI FL 33157

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

TITLE P ☐ Delete

NAME ANDERSON, HOPETON
STREET ADDRESS 470 N.E. 210 CIRCLE TERRACE #206
CITY-ST-ZIP MIAMI FL 33179

TITLE VPS ☐ Delete

NAME WALKER, TREVOR
STREET ADDRESS 8452 WINDSOR DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33025

TITLE VPT ☐ Delete

NAME WILLIAMS, PATRICK
STREET ADDRESS 1985 SO. OCEAN DRIVE, APT 160
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 2421 SW 133 AV
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 1985 SO. OCEAN DRIVE, APT 160
CITY-ST-ZIP

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:

Patrick Williams, Pres. 1/25/00 954 455-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #