

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90637 018 ***550.00

DOCUMENT # P95000033652

1. Entity Name

SFC HOLDINGS CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

340 ROYAL POINCIANA WAY

3. Mailing Address

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

Zip

33480

Country

4. FEI Number

65-0583257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0069483

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LEVIN, JAMES
 340 ROYAL POINCIANA WAY
 SUITE 305
 PALM BEACH FL 33480

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, 2001 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	DC	<input type="checkbox"/> Delete
NAME	KOHL, SIDNEY	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL, 33480	
TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	ESSIG, BARRY	
STREET ADDRESS	501 S FLAGLER OR STE 307	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HONEYCUTT, VIVIAN	
STREET ADDRESS	501 S FLAGLER OR STE 307	
CITY-ST-ZIP	WEST PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 ROYAL POINCIANA WAY, #305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OV PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 ROYAL POINCIANA WAY, #305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 prior office empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES JENKINS

5/16/2001

Date

561-833-4211

Daytime Phone #

CR2E034 (11/00)