

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077954

1. Entity Name

SUNCHASE FINANCIAL CORPORATION

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90121 045 ***158.75

Principal Place of Business

211 N LOIS AVENUE
TAMPA FL 33609
US

Mailing Address

211 N LOIS AVENUE
TAMPA FL 33609
US

AUU4Z606

2. Principal Place of Business

5015 West Waters Ave

3. Mailing Address

5015 West Waters Ave

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3341456

Applied For

Not Applicable

Zip

Country

33634-1317

USA

Zip

Country

33634-1317

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANLANDINGHAM, JAMES C
8706 CHARMING KNOLL CT.
TAMPA FL 33635

7. Name and Address of New Registered Agent

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, 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

TITLE PT
NAME VANLANDINGHAM, JAMES C
STREET ADDRESS 8706 CHARMING KNOLL CT.
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE VS
NAME VANLANDINGHAM, NANCY A
STREET ADDRESS 8706 CHARMING KNOLL CT.
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

James C Vanlandingham James C Vanlandingham

4/1/01

Date

Daytime Phone #

(813) 290-8200

CR2E034 (10/00)