

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90032 036 \*\*\*150.00

**DOCUMENT # P95000095010**

**1. Entity Name**  
**SUNCAPITAL PROPERTIES, INC.**

**Principal Place of Business**

**1407 E. PIEDMONT DR.**  
**TALLAHASSEE FL 32312**  
**US**

**Mailing Address**

**1407 E. PIEDMONT DR.**  
**TALLAHASSEE FL 32312**  
**US**

**2. Principal Place of Business**

**1407 E. Piedmont Drive**  
**Suite, Apt. #, etc.**

**3. Mailing Address**

**1407 E. Piedmont Drive**  
**Suite, Apt. #, etc.**

**City & State**  
**Tallahassee, FL**

**City & State**  
**Tallahassee, FL**

**4. FEI Number**  
**59-3353234**

**Applied For**  
**Not Applicable**

**Zip**  
**32308**

**Country**  
**US**

**Zip**  
**32308**

**Country**  
**US**

**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**

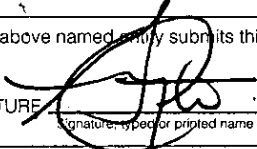
**CARTEE, GRAY I**  
**2605 NOBLE DRIVE**  
**TALLAHASSEE FL 32312**

**Name**  
**Gray I. Cartee**

**Street Address (P.O. Box Number is Not Acceptable)**  
**2605 Noble Drive**

**City** **Tallahassee** **FL** **Zip Code** **32308**

**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**  **Gray I. Cartee, President**

**1/11/02**  
**DATE**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **CARTEE, GRAY I**  
**STREET ADDRESS** **POST OFFICE BOX 12281 N/A**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32317**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ **Change** ☐ **Addition**  
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**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**  **SIGNATURE REQUIRED**  
**Gray I. Cartee, President**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/11/02** **(850) 422-3000**  
**Date** **Daytime Phone #**

CR2E034 (9/01)