

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001972

1. Entity Name

SUN HOUSE VACATION RENTALS INC.

Principal Place of Business

2100 CONSTITUTION BLVD
SARASOTA FL 34231

Mailing Address

1600 STELLA DRIVE
SARASOTA FL 34231-3714

2. Principal Place of Business

2100 Constitution Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1600 Stella Dr.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34231

Country

USA

Zip

34231

Country

USA

6. Name and Address of Current Registered Agent

ROSER, MIROSLAV

1600 STELLA DRIVE

SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name MIROSLAV ROSER (SAME)

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)

3/13/00

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	<input type="checkbox"/> Delete
NAME	ROSER, MIROSLAV	
STREET ADDRESS	1600 STELLA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
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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 other like empowered.

SIGNATURE:

MIROSLAV ROSER

3/13/00

Date

941-926-0030

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 030 ***150.00

CR2E034 (9/99)