

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060934

1. Entity Name

SUNSHINE VENTURES OF HIGH SPRINGS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90381 018 ***150.00

Principal Place of Business

Mailing Address

~~1715 S.E. CEDAR~~
~~HIGH SPRINGS FL 32640~~
~~US~~

PO BOX 2878
HIGH SPRINGS FL 32655-2878
US

2. Principal Place of Business

3. Mailing Address

14000 MARTIN LUTHER
Suite, Apt. #, etc. KING BLVD.

P.O. Box 2878

Suite, Apt. #, etc.

City & State

City & State

ALACHUA, FL

HIGH SPRINGS, FL.

Zip

Country

Zip

Country

32616

ALACHUA

32655

ALACHUA

4. FEI Number

59-3395718

Applied For

Not Applicable

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

BOTTITA, ANTHONY C
1715 S.E. CEDAR ST
HIGH SPRINGS FL 32640

Name

BOTTITA, ANTHONY

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

14000 MARTIN LUTHER KING Blvd

City

ALACHUA

FL

Zip Code

32616

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME BOTTITA, ANTHONY C
STREET ADDRESS 14000 MARTIN LUTHER KING BLVD
CITY-ST-ZIP ALACHUA FL 32616

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 title empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY C. BOTTITA

4-26-2000

Date

Daytime Phone #

CR2E034 (9/99)