

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023798

1. Entity Name

SUWANEE PLAZA PROPERTIES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90104 006 ***150.00

Principal Place of Business
7335 GALL BLVD
SUITE 2
ZEPHYRHILLS FL 33541
US

Mailing Address
7335 GALL BLVD
SUITE 2
ZEPHYRHILLS FL 33541-4372
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0733000**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BINGHAM, JAMES H
7335 GALL BLVD
SUITE 2
ZEPHYRHILLS FL 33541

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	KURLANDER, ROBERT	1230 LAUREL COURT	FORT LAUDERDALE FL 33326	
	VSD			
	BINGHAM, JAMES H	5320 EPPING LANE	ZEPHYRHILLS FL 33541	
	D			
	OAKLEY, THOMAS E	2974 PLANTATION DRIVE	WINTER HAVEN FL 33883	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 813/783-8490

CR2E034 (9/99)