

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90054 003 \*\*\*150.00

**DOCUMENT # P97000051159**

1. Entity Name

**SUN SOUTH REALTY OF NORTHWEST FLORIDA, INC.**

Principal Place of Business

**285-C HIGHWAY 98 E  
DESTIN FL 32541**

Mailing Address

**285-C HIGHWAY 98 E  
DESTIN FL 32541**

2. Principal Place of Business

**155 Crystal Beach Dr.**

3. Mailing Address

**155 Crystal Beach Dr.**

Suite, Apt. #, etc.

**Suite B125**

Suite, Apt. #, etc.

**Suite B125**

City &amp; State

**Destin FL**

City &amp; State

**Destin FL**

Zip

**32541**

Country

Zip

**32541**

Country

4. FEI Number

**52-2139125**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GOLENO, MICHAEL  
285-C HIGHWAY 98 E  
DESTIN FL 32541****7. Name and Address of New Registered Agent**

Name

**Goleno, Michael**

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

**155 Crystal Beach Dr.****Suite B125**

City

**Destin****FL**

Zip Code

**32541**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>GOLENO, MICHAEL D</b>	<b>285-C HIGHWAY 98 E</b>	<b>DESTIN FL 32541</b>	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>				
	<b>Goleno, Michael D.</b>	<b>155 Crystal Beach Dr. Suite B125</b>	<b>Destin FL 32541</b>		

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

**4/12/01**

Date

**850-864-2727**

Daytime Phone #

CR2E034 (10/00)