

2001 UNIFORM BUSINESS REPORT (UBR)

0047679

DOCUMENT # P97000060325

1. Entity Name

SUNCOR OF HEATHROW, INC.

FILED

01 JAN 17 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
160 INTERNATIONAL PKWY
SUITE 280
HEATHROW FL 32746

Mailing Address
160 INTERNATIONAL PKWY
SUITE 280
HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3457061

Applied For
Not Applicable

Zip Country

Zip Country

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

HORIAN, ROBERT L
160 INTERNATIONAL PKWY
SUITE 280
HEATHROW FL 32746

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME HORIAN, ROBERT L
STREET ADDRESS 160 INTERNATIONAL PKWY
CITY-ST-ZIP HEATHROW FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HORIAN, YVETTE M
STREET ADDRESS 1918 WINGFIELD DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE
NAME
STREET ADDRESS 3375 Park Grove Ct
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Robert Horian 1/10/01 407 829 3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)