## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000078923** Jul 10, 2000 8:00 am 1. Entity Name Secrétary of State SUNSTYLE INTERNATIONAL HOLIDAYS OF CALIFORNIA. I NC. 07-10-2000 90015 037 \*\*\*550.00 Principal Place of Business Mailing Address 100 SECOND AVENUE SOUTH 100 SECOND AVENUE SOUTH ST PETERSBURG FL 33701-4384 ST PETERSBURG FL 33701-4301 US 3. Mailing Address 2. Principal Place of Business 2866 JOHNSON FERRARE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3470230 MARIETTA GEORG Not Applicable Country \$8.75 Additional .5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C-T-CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1288 SOUTH PINE ISLAND-ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BRANDANO, JOAN STREET ADDRESS STREET ADDRESS 100 SECOND AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701-4301 TITLE Change ☐ Addition TITLE ☐ Delete NAME BRANDANO, DANIEL STREET ADDRESS STREET ADDRESS 100 SECOND AVE. SOUTH, #303N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 Delete Change' Addition TITLE TITLE LAMONTAGNE, GERARD J NAME NAME STREET ADDRESS STREET ADDRESS 10 OLD FARM LANE CITY-ST-ZIP CITY-ST-7IP E SANDWICH MA 02537 TITLE [ ] Change Addition Delete TITLE NAME NAME VAHL, JOHN STREET ADDRESS 8685 NW COPELAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97229 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DAVIEKG. BRANCARD SCEO

☐ Delete

ach.

5/31/00 727-896-1513

☐ Change

☐ Addition