2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P97000079472 1. Entity Name SUN COUNTRY REALTY OF FLORIDA. INC. 04-10-2002 90671 045 ***150.00 Principal Place of Business Mailing Address 1206 PONDELLA CIRCLE 1206 PONDELLA CIRCLE NORTH FT MYERS FL 33903 N FT MYERS FL 33903 HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0785215 Not Applicable Country Zip 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 **BRIGGS. MARION** Street Address (P.O. Box Number is Not Acceptable) 1206 PONDELLA CIRCLE N. FORT MYERS FL 33903 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) DATS TITLE ☐ Delete TITLE ☐ Change **Addition** MARION BRIGGS NAME **BRIGGS. MARION** NAME 1206 PONDELLA CIPCLE STREET ADDRESS STREET ADDRESS CR2E034 1206 PONDELLA CIRCLE N. FT. MYGES, FLA. 33903 CITY-ST-ZIP CITY-ST-ZIP N. FORT MYERS FL 33903 Delete TITLE PST TITLE ☐ Change Addition NAME NAME BRIGGS, MACRON STREET ADDRESS STREET ADDRESS 1206 PONDELLA CIRCLE CITY-ST-ZIP CITY-ST-7IP N. FORT MYERS FL 33903 TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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