

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90024 026 ***150.00

DOCUMENT # P98000037519**1. Entity Name**

SUNCAST RESORT HOTEL, INC.

Principal Place of Business**Mailing Address**3000 34th STREET SOUTH
ST. PETERSBURG, FL 337113000 34th STREET SOUTH
ST. PETERSBURG, FL 33711**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3509224

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**7. Name and Address of New Registered Agent**KIPLE, THOMAS W
3000 34th STREET SOUTH
ST. PETERSBURG, FL 33711

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
CHAIRMAN	WOLFF, LESTER L.	414 22ND AVE SE	ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	KIPLE, THOMAS W	7200 S. SHORE DRIVE SE	ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER/SECRETARY	BIFIGNANI, GLENN J	3000 34 th STREET SOUTH	ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:**  **GLENN J. BIFFIGNANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/15/01
Date(727) 867-1111
Daytime Phone #

CR2E034 (11/00)