

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90491 024 ***150.00

DOCUMENT # P98000065258

1. Entity Name

INDIAN SUNBURST REALTY CORP.

Principal Place of Business

MICHAEL E. ROSEN
550 MAMARONECK AVENUE
HARRISON NY 10528

Mailing Address

2250 AVENIDA DEL VERA
N. FORT MYERS FL 33917

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

22-3649524

Applied For

Not Applicable

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

CALLAHAN, W S ESQ
STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVENUE #200
ORLANDO FL 32801

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	ROMITA, MICHAEL	
STREET ADDRESS	C/O 550 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, MICHAEL E	
STREET ADDRESS	C/O 550 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARNES, HOWARD L	
STREET ADDRESS	C/O 455 CENTRAL PARK AVENUE	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Michael E.	
STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	N. Ft. Myers FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Dave	
STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	N. Ft. Myers Fla 33917	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cordello, Doug	
STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	N. Ft Myers Fla 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (941) 731-4538

Date

Daytime Phone #

CR2E034 (9/01)