

2000 UNIFORM BUSINESS REPORT (UBR)

7/28

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-28-2000 90011 001 *1,050.00

DOCUMENT # P98000093606

1. Entity Name
SUNFIRST FINANCIAL, INC.

Principal Place of Business
50 N. LAURA STREET #3100
JACKSONVILLE FL 32202

Mailing Address
50 N. LAURA STREET #3100
JACKSONVILLE FL 32202

2. Principal Place of Business
2859 S. DELANEY AVE.
Suite, Apt. #, etc.

3. Mailing Address
2859 S. DELANEY AVE
Suite, Apt. #, etc.

City & State
ORLANDO, FL
Zip 32806 Country

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ORLANDO, FL
Zip 32806 Country

4. FEI Number NOT APPLICABLE

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

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET #3100
JACKSONVILLE FL 32202

Name ANDY CHENEY
Street 2867 S. DELANEY AVE
City ORLANDO FL Zip 32806

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 Andy Cheney ANDY CHENEY 8/9/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D WHITTLE, MACK I 102 S MAIN ST GREENVILLE SC 29601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMMERS, WILLIAM S 102 S MAIN ST GREENVILLE SC 29601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Andy Cheney ANDY CHENEY 8/9/00 407-513-7401
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR: ECR14 (3/99)