

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90029 039 \*\*\*150.00

**DOCUMENT # P99000066223**

1. Entity Name

**SUNSHINE BAY LAND COMPANY, INC.**

Principal Place of Business

Mailing Address

8639 NORTH HIMES AVENUE #2817  
 TAMPA FL 33614

8639 NORTH HIMES AVENUE #2817  
 TAMPA FL 33614-1684

2. Principal Place of Business

3. Mailing Address

2980 SWAN CIRCLE

1314 TAMPA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUNEDIN

106

City & State

FL

City & State

Palm Harbor

4. FEI Number

593593066

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

34698

USA

FL 34683

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURTER, CHARLES A  
 8639 NORTH HIMES AVENUE #2817  
 TAMPA FL 33614

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

RODNEY M. COCUZZA PRES

3/10/00

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COCUZZA, RODNEY M</b>
STREET ADDRESS	<b>17 PHILIPS MILL DRIVE</b>
CITY-ST-ZIP	<b>MIDDLETOWN NJ 07748</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

RODNEY M. COCUZZA PRES 3/10/00 732-492-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)