

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07562

1. Entity Name

SUNTREE HOMES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90221 037 ***150.00

Principal Place of Business

2113 GREENVIEW COVE DRIVE
WEST PALM BEACH FL 33414

Mailing Address

2113 GREENVIEW COVE DRIVE
WEST PALM BEACH FL 33414-7746

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0222325

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

BARIN, GEORGE H
2113 GREENVIEW COVE DR
WEST PALM BEACH 33414

7. Name and Address of New Registered Agent

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, 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

| | | |
|----------------|-------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | BARIN, GEORGE H., | |
| STREET ADDRESS | 2113 GREENVIEW COVE DR. | |
| CITY-ST-ZIP | W. PALM BEACH FL | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | BARIN, REBECCA F. | |
| STREET ADDRESS | 2113 GREENVIEW COVE DR. | |
| CITY-ST-ZIP | W. PALM BEACH FL | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | BARIN, GREGORY S | |
| STREET ADDRESS | 2399 NEWBURY COURT | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | KEISER, FRANK M. | |
| STREET ADDRESS | 14239 ORANGE BLVD | |
| CITY-ST-ZIP | LOXAHATCHEE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| 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 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

561/795-4141

Daytime Phone #

CR2E034 (9/99)