2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S41556 Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** SUNSHINE STATE RESORT HOLDINGS, INC 03-20-2000 90019 006 ***150.00 Principal Place of Business Mailing Address 2710 BUTLER BAY DR NORTH 215 N EOLA DRIVE ORLANDO FL 32801-2028 WINDERMERE FL 34786 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3057025 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YERGLER, JON C Street Address (P.O. Box Number is Not Acceptable) 215 N EOLA DRIVE ORLANDO FL 32801 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DS Change TITLE TITLE ☐ Delete WATANABE, MIYOSHI NAME NAME 2710 BUTLER BAY DR., NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDEMERE FL 34786 CITY-ST-ZIP Change Addition Delete TITLE TITLE KITAZAWA, TAKASHI NAME NAME 2710 BUTLER BAY DRIVE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change Addition TITLE ☐ Delete TITLE OGUMA, HIROSHI NAME NAME STREET ADDRESS 22710 BUTLER BAY DRIVE, NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINDERMERE FL 34786** ☐ Change ☐ Addition Delete TITLE TITLE KATO, SHIGERU NAME NAME 2710 BAY DRIVE, NROTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☐ Addition ☐ Delete TITLE TITLE маме NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.