

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64985

1. Entity Name

SUN CITY CENTER CORP.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90031 044 \*\*\*150.00

Principal Place of Business

2020 CLUBHOUSE DR  
PO BOX 5698  
SUN CITY CENTER FL 33573  
US

Mailing Address

2020 CLUBHOUSE DR  
PO BOX 5698  
SUN CITY CENTER FL 33573  
US

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 **59-3120468**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALANTE, ALICIA  
15000 MCGREGOR BLVD  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name **SYLVIA KEITH**

Street Address (P.O. Box Number is Not Acceptable)  
**2020 CLUBHOUSE DR.**

City **SUN CITY CENTER FL** Zip Code **33573**

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 **SYLVIA KEITH**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-19-01**

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, 2001 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 **D** ☐ Delete  
NAME **HOFFMAN, ALFRED JR.**  
STREET ADDRESS **1602 WEST TIMBERLANE DR.**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **V** ☐ Delete  
NAME **FLINN, MILTON G**  
STREET ADDRESS **2020 CLUBHOUSE DR**  
CITY-ST-ZIP **SUNCITY CENTER FL 33573**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**MILTON FLINN 1-19-01**

Date

Daytime Phone #

CR2E034 (10/00)