

5/17

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-17-2002 90033 031 ***150.00

DOCUMENT # S64985

1. Entity Name

SUN CITY CENTER CORP.

AC LW

DO NOT WRITE IN THIS SPACE

92260

2. Principal Place of Business

24301 Walden Center Dr.

Suite, Apt. #, etc.

300

City & State

Bonita Springs, FL

Zip

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3120468

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Vivien N. Hastings

Street Address (P.O. Box Number is Not Acceptable)

24301 Walden Center Dr., #300

City

Bonita Springs

FL

Zip Code
34134

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

Vivien N. Hastings

4/23/02

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1: May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME	Alfred Hoffman, Jr.
STREET ADDRESS	24301 Walden Center Drive
CITY - ST - ZIP	Bonita Springs, FL 34134

TITLE	V
NAME	Milton G. Flinn
STREET ADDRESS	24301 Walden Center Drive
CITY - ST - ZIP	Bonita Springs, FL 34134

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton G. Flinn, Vice President

04/23/02 (239)498-8605

Date

Daytime Phone #

CR2E034B (12/01)