

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88298

1. Entity Name

SUN-FUN PROPERTIES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90092 019 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 380579
MURDOCK FL 33938-0579

P.O. BOX 380579
MURDOCK FL 33938-0579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STRUTHERS, RONALD A.
18260-C PAULSON DRIVE
PT. CHARLOTTE FL 33954

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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	PVP + ST	<input type="checkbox"/> Delete
NAME	BRANDENBURG, MONIQUE	
STREET ADDRESS	BUSSUMMERWEG 4	
CITY-ST-ZIP	1261 CA BLARICUM, NETHERLAND	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STRUTHERS, RONALD A	
STREET ADDRESS	18260-C PAULSON DRIVE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33954	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PFANN, MARYKE	
STREET ADDRESS	BUSSUMMERWEG 4	
CITY-ST-ZIP	1261 CA BLARICUM, NETHERLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PVP + ST	<input checked="" 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 on 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 this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

941-629-1400

CR2E034 (9/99)