

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2002 90016 007 ***150.00

DOCUMENT # V39646

1. Entity Name
THE SULLIVAN GROUP OF FLORIDA, INC.

Principal Place of Business

**7001 LAKE ELLENOR DRIVE
 STE 100
 ORLANDO FL 32809
 US**

Mailing Address

**7001 LAKE ELLENOR DRIVE
 STE 100
 ORLANDO, FL 32809
 US**

2. Principal Place of Business

622 E. Washington St.

Suite, Apt. #, etc.

Suite 300

City & State

Orlando FL

Zip

32801

Country

Orange

3. Mailing Address

622 E. Washington St.

Suite, Apt. #, etc.

Suite 300

City & State

Orlando FL

Zip

32801

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3124908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, MATTHEW E.

7001 LAKE ELLENOR DRIVE

STE 100

ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

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

622 E. Washington St.

Suite 300

City

Orlando

FL

Zip Code

32801

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, 2002 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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **SULLIVAN, MATTHEW E**
 CITY-ST-ZIP **7001 LAKE ELLENOR DRIVE, STE 100**
ORLANDO FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
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 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

4/29/02
 Date

407-843-1723
 Daytime Phone #

CR2E034 (9/01)