

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71301

1. Entity Name

SUNAR HOLDING, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90149 024 \*\*\*150.00

Principal Place of Business

Mailing Address

83 GOLFVIEW DR  
OCALA FL 34472  
US

83 GOLFVIEW DR  
OCALA FL 34472-5002  
US

2. Principal Place of Business

39 Golf View Drive

3. Mailing Address

39 Golf View Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

Country

Zip

Country

4. FEI Number

65-0354842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUNK, RAIHER D.  
83 GOLFVIEW DR  
OCALA FL 34472

Name

Sabine Braun

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

39 Golf View Drive

City

Ocala

FL

Zip Code

34472

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

Sabine Braun Sabine Braun Vice President

4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME ARNOLD, JOHANN  
STREET ADDRESS 83 GOLF VIEW DR  
CITY-ST-ZIP Ocala FL 34472

TITLE ☒ Change ☐ Addition  
NAME Johann Arnold  
STREET ADDRESS 39 Golf View Drive  
CITY-ST-ZIP Ocala FL 34472

TITLE D ☐ Delete  
NAME ARNOLD, RUTH  
STREET ADDRESS 83 GOLFVIEW DR  
CITY-ST-ZIP Ocala FL 34472

TITLE ☒ Change ☐ Addition  
NAME Ruth Arnold  
STREET ADDRESS 39 Golf View Drive  
CITY-ST-ZIP Ocala, FL 34472

TITLE VTS ☒ Delete  
NAME FUNK, RAINER D.  
STREET ADDRESS 83 GOLF VIEW DR  
CITY-ST-ZIP Ocala FL 34472

TITLE ☒ Change ☐ Addition  
NAME Sabine Braun  
STREET ADDRESS 39 Golf View Drive  
CITY-ST-ZIP Ocala, FL 34472

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Sabine Braun Sabine Braun

4/13/00

352-687-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)