

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91194 026 ****61.25

DOCUMENT # 766367

1. Entity Name

NAPLES SUNRISE III, INC.

Principal Place of Business

Mailing Address

~~2073 J & C BLVD~~
~~NAPLES FL 34109~~

~~PO BOX 110399~~
~~NAPLES FL 34109~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Palm Dr.
 Suite, Apt. #, etc.

180-02 Palm Dr.
 Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip Country
34112 US

Zip Country
34112 US

4. FEI Number

59-2325526

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

~~KUETER, BEVERLY~~
~~C/O SUNBURST MGMT CORP~~
~~2073 J&C BLVD~~
~~NAPLES FL 34109~~

Name **William MacDonald**
 Street Address (P.O. Box Number is Not Acceptable)
180-02 Palm Drive
 City **NAPLES** FL Zip Code **34112**

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

William MacDonald, Pres.

4-26-02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAUBERT, JEANETTE 164-6 PALM DR NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACKENZIE, WILLIAM 3066 W CROWN PT BLVD NALES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARR, KAROLYN 118-14 PALM DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEEKS, MARGARET 134-07 PALM DRIVE NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, WILLIAM 180-02 PALM DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dysinger, JAMES 164-03 PALM DR. NAPLES, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)