

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90036 037 ****61.25

DOCUMENT # 167825
1. Entity Name SUNSET VILLAGE, INC. ✓
 3400 GANDY
Principal Place of Business PINELLAS PARK, FL **Mailing Address** 33781

00000124

2. Principal Place of Business 3400 GANDY
 Suite, Apt. #, etc.
3. Mailing Address 34701 LAKE DR
 Suite, Apt. #, etc.
City & State PINELLAS PARK FL **City & State** PINELLAS PARK FL
Zip 33781 **Country** USA **Zip** 33781 **Country** USA

DO NOT WRITE IN THIS SPACE

59-2267647

4. FEI Number 59226747 **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
Name KENNETH M. NELSON
Street Address (P.O. Box Number is Not Acceptable) 34701 LAKE DR
City PINELLAS PARK **FL** **Zip Code** 33781

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 *Kenneth M. Nelson* **DATE** 03/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE President, Vice NAME [Handwritten] STREET ADDRESS [Handwritten] CITY-ST-ZIP [Handwritten]	<input checked="" type="checkbox"/> Delete
TITLE [Handwritten] NAME MILDRED COOK STREET ADDRESS 183 CANAL DR CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete
TITLE TREASURER NAME RAY BARRIS STREET ADDRESS 591 GARDENIA DR CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete
TITLE [Handwritten] NAME MARY ELLEN DEAM STREET ADDRESS 34621 PALM HODR CITY-ST-ZIP PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Delete
TITLE [Handwritten] NAME NORMA KEARLY STREET ADDRESS 34063 AVOCADO DR. CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete
TITLE [Handwritten] NAME GEORGE BUTLEMAN STREET ADDRESS 34680 MAPLE CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT, VICE NAME LIONEL COOK STREET ADDRESS 183 CANAL DR CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TREASURER NAME RICHARD WESTRA STREET ADDRESS 563 GARDENIA DR. CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Handwritten] NAME JOHN ADAMS STREET ADDRESS 627 PALM HODR CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Handwritten] NAME PHILLIP HAINES STREET ADDRESS 632 PALM HODR CITY-ST-ZIP PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Handwritten] NAME MARIE SWILLEY STREET ADDRESS 062 AVOCADO DR CITY-ST-ZIP PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Handwritten] NAME WILLIAM SCHNEIDER STREET ADDRESS 185 JUNIPER DR CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input checked="" 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: *Kenneth M. Nelson* (Sign) **KENNETH M. NELSON** **DATE** 03/28/00 **DAYTIME PHONE #** 727-576-5060

CR2E037 (9/99)