

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90066 044 \*\*\*150.00

DOCUMENT # F33728

1. Entity Name  
**SUNNY GROVE PARK, INC.**

Principal Place of Business

**3401 CORALBERRY LANE**  
**ESTERO FL 33928**

Mailing Address

**3401 CORALBERRY LANE**  
**ESTERO FL 33928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BEACH, PARKE**  
**3560 GRAPEFRUIT LANE**  
**ESTERO FL 33928**

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, 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 **P** ☐ Delete  
 NAME **BITELY, GORDON**  
 STREET ADDRESS **3530 GRAPEFRUIT LANE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **V** ☒ Delete  
 NAME **BRANDT, MARVIN**  
 STREET ADDRESS **3420 CORALBERRY LANE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☐ Delete  
 NAME **CAIN, DOUG**  
 STREET ADDRESS **3410 LYCHEE LANE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **T** ☒ Delete  
 NAME **WOOLDRIDGE, JAMES**  
 STREET ADDRESS **3510 LYCHEE LANE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☐ Delete  
 NAME **BEACH, PARKE**  
 STREET ADDRESS **3560 GRAPEFRUIT LANE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☐ Delete  
 NAME **HOLLOPETER, VIOLET**  
 STREET ADDRESS **3480 LYCHEE LANE**  
 CITY-ST-ZIP **ESTERO FL 33928**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **HARRY HAMMOND**  
 STREET ADDRESS **3450 DATE PALM LN.**  
 CITY-ST-ZIP **ESTERO, FL. 33928**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Andre CANTIN**  
 STREET ADDRESS **3450 LOGUAT**  
 CITY-ST-ZIP **ESTERO, FL. 33928**

TITLE **T** ☐ Change ☒ Addition  
 NAME **TNANCY A. HALLAM**  
 STREET ADDRESS **3450 GRAPEFRUIT LN.**  
 CITY-ST-ZIP **ESTERO, FL. 33928**

TITLE **S** ☐ Change ☒ Addition  
 NAME **DORCAS MANUTES**  
 STREET ADDRESS **3541 LYCHEE**  
 CITY-ST-ZIP **ESTERO, FL. 33928**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BARBARA Coddington**  
 STREET ADDRESS **3530 DATE PALM LN.**  
 CITY-ST-ZIP **ESTERO, FL. 33928**

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

Date

Daytime Phone #

CR2E034 (9/01)