

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90037 048 *****70.00

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DOCUMENT # N02463

1. Entity Name

SUNNYSIDE RETIREMENT INCORPORATED .

Principal Place of Business

**5201 BAHIA VISTA
 SARASOTA FL 34232-2615**

Mailing Address

**5201 BAHIA VISTA
 SARASOTA FL 34232-2615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2562598

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, DAVID RAY
 5201 BAHIA VISTA
 SARASOTA FL 34232**

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

**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 ☐ Delete
 NAME **STD- D**
 STREET ADDRESS **PEACHEY, SHARON**
 CITY-ST-ZIP **4404 RIVERWOOD AVE.
 SARASOTA FL**

TITLE ☐ Change ☒ Addition
 NAME **D T**
 STREET ADDRESS **Denlinger, Glen**
 CITY-ST-ZIP **4041 Bahia Vista St.
 Sarasota, FL 34232**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MILLER, DANNY**
 CITY-ST-ZIP **1465 FOXCREEK DRIVE
 SARASOTA FL 34240**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Isaac, Hertha**
 CITY-ST-ZIP **7234 Eleanor Circle #203
 Sarasota, FL 34243**

TITLE ☐ Delete
 NAME **D V-P**
 STREET ADDRESS **LEE, H. GREG**
 CITY-ST-ZIP **2014 FOURTH ST.
 SARASOTA FL**

TITLE ☐ Change ☒ Addition
 NAME **D S**
 STREET ADDRESS **Schlabach, Naomi**
 CITY-ST-ZIP **5885 Ibis St.
 Sarasota, FL 34241**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PLANK, CLARENCE**
 CITY-ST-ZIP **3920 SARASOTA AVE
 SARASOTA FL 34234**

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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **MAST, ALLEN**
 CITY-ST-ZIP **1001 N. WASHINGTON ST
 SARASOTA FL 34237**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHLABACH, KAY**
 CITY-ST-ZIP **7901 CAMPBELL RD
 SARASOTA FL 34240**

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

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:

David Ray Miller
DAVID RAY MILLER

3-16-01 941371-2750

Date

Daytime Phone #

CR2E037 (10/00)