

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 032 ****61.25

DOCUMENT # N05783

1. Entity Name

SUN RIDGE ASSOCIATION, INC.

Principal Place of Business

602 E CHURCH ST
 ORLANDO FL 32801
 US

Mailing Address

602 E CHURCH ST
 ORLANDO FL 32801
 US

656919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2596460

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORDO, JOSEPH
537 SUN RIDGE PLACE #102
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: **DAVID R. PIERCE**
 Street Address (P.O. Box Number is Not Acceptable): **FIRST CAPITAL**
602 EAST CHURCH STREET
 City: **ORLANDO** FL Zip Code: **32801**

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

DAVID R. PIERCE

4/27/01

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

TITLE: **PD** Delete
 NAME: **BORDO, JOSEPH**
 STREET ADDRESS: **537 SUN RIDGE PLACE #102**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32714**

TITLE: **VPD** Delete
 NAME: **PACE, JOANN**
 STREET ADDRESS: **938 DETROIT ST**
 CITY-ST-ZIP: **JAX FL 32254**

TITLE: **T** Delete
 NAME: **FABRIZIO, LOUIS**
 STREET ADDRESS: **543 SUN RIDGE PLACE #208**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32714**

TITLE: **S** Delete
 NAME: **DEMARCO, JOSEPH**
 STREET ADDRESS: **505 SUNRIDGE PLACE #126**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32714**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Change Addition
 NAME: **Robert Gelm**
 STREET ADDRESS: **543 SunRidge Place #105**
 CITY-ST-ZIP: **Altamonte Springs FL 32714**

TITLE: **VPD** Change Addition
 NAME: **PACE, JOANNE**
 STREET ADDRESS: **7417 CENTAURI ROAD**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32210**

TITLE: **T** Change Addition
 NAME: **Richard Nau**
 STREET ADDRESS: **P.O. Box 1561**
 CITY-ST-ZIP: **Sanford, FL 32772-1561**

TITLE: Change Addition
 NAME: **Linda Dart**
 STREET ADDRESS: **543 Sun Ridge Pl. #106**
 CITY-ST-ZIP: **Altamonte Spgs FL 32714**

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

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

DAVID R. PIERCE

4-27-01 (407)872-0209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)