

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90307 023 ****70.00

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1. Entity Name

SUN-UP OF INDIAN RIVER, INC.

Principal Place of Business

5070 N A1A S
 SUITE 205
 VERO BEACH FL 32963

Mailing Address

PO BOX 6819
 VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32961

USA

4. FEI Number

65-0748943

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SWANSON, JOHN E
 4857 N NEWPORT ISLAND DRIVE
 VERO BEACH FL 32963

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

**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	Change	Addition
D	ROSS, DAVID	1325 RIVER RIDGE DRIVE	VERO BEACH FL 32963	<input type="checkbox"/>	<input type="checkbox"/>
V	SACKVILLE, WALTER	90 BEACHSIDE DR. #301	VERO BEACH FL 32963	<input type="checkbox"/>	<input type="checkbox"/>
JD	BLOCK, JUDITH	1405 CORONA LANE	VERO BEACH FL 32963	<input type="checkbox"/>	<input type="checkbox"/>
D	WEEMS, GARY	4095 58TH CIRCLE	VERO BEACH FL 32966	<input type="checkbox"/>	<input type="checkbox"/>
CS	KRAJEWSKY, JOHN	1699 WHITMORE ST.	SEBASTIAN FL 32958	<input type="checkbox"/>	<input type="checkbox"/>
P	SWANSON, JOHN F	4857 N. NEWPORT ISLAND DR.	VERO BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>

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: Judith Block **SIGNATURE REQUIRED** Judith Block 2/1/01 561/569-3799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)