

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003491

1. Entity Name

SUNSHINE CHAPTER, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90151 014 ****61.25

0059461

Principal Place of Business
6920 NORTH DALE MABRY HIGHWAY
TAMPA FL 33614

Mailing Address
6920 NORTH DALE MABRY HIGHWAY
TAMPA FL 33614

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3351047** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	SD WHITAKER, SUSAN 6920 NORTH DALE MABRY HIGHWAY TAMPA FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary BOURASSA 6920 No. Dale Mabry Hwy. TAMPA FL, 33614 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCE, LYNNE M 6920 N DALE MABRY HWY TAMPA FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOURASSA, BOB 6920 N DALE MABRY HWY TAMPA FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISE, AL 6920 N. DALE MABRY HWY TAMPA FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AL WISE 6920 No. Dale Mabry Hwy. TAMPA, FL, 33614 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John McKelvey 6920 No. Dale Mabry Hwy. TAMPA, FL, 33614 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNNE M. SPENCE 1-10-01 813-960-4147
Date Daytime Phone #

CR2E037 (10/00)