

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90199 001 *1,050.00

DOCUMENT # N29502

1. Entity Name

SUNRISE COMMUNITY, INC.

Principal Place of Business

C/O LESLIE W. LEECH, JR.
9040 SUNSET DR. S-70-A
MIAMI FL 33173
US

Mailing Address

C/O LESLIE W. LEECH, JR.
9040 SUNSET DR. S-70-A
MIAMI FL 33173
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0118730

Applied For

Not Applicable

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

LEECH, LESLIE W., JR.
9040 SUNSET DR
S-70-A
MIAMI FL 33173

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	D SPELIOS, GEORGE L. 10729 SW 117 CT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, STEPHEN T. 11500 SW 92 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, GERRY 8100 SW 133 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, PAULINE 12805 SW 103 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEECH, LESLIE W., JR. 9040 SUNSET DR S-70-A MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEEKS, JAMES G. 9040 SUNSET DR, S-70-A MIAMI FL	☐ Delete

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

leslie W. Leech, Jr., President & CEO 1/9/01 (305)-596-9040

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)