

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707648

1. Entity Name

J.H. FLOYD SUNSHINE MANOR, INC.

Principal Place of Business

1755 18TH STREET
SARASOTA FL 34234-8603

Mailing Address

1755 18TH STREET
SARASOTA FL 34234-8603

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

59-0995138

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUMBRA, GEORGE
2744 20TH STREET
SARASOTA FL 33580

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 \$61.00
After September 13, 2000 min. will be \$236.25

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	CD	<input type="checkbox"/> Delete
NAME	BUMBRA, GEORGE	
STREET ADDRESS	2744 20TH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	DAILEY JOHNNIE	
STREET ADDRESS	2722 20TH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRAZIER, DANNIE	
STREET ADDRESS	2703 20TH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, WATER	
STREET ADDRESS	5763 RAVENWOOD DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STINNETT, ROBERT	
STREET ADDRESS	3215 GLENNA LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AVCD	<input type="checkbox"/> Delete
NAME	ATKINS, GWENDOLWN	
STREET ADDRESS	2415 N. TUTTLE AVE	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

941-377-9399

FILED

00 JUL 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/11/00 901731025 \$61.00

DO NOT WRITE IN THIS SPACE

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