

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90171 029 \*\*\*\*\*61.25

**DOCUMENT # 739481**

1. Entity Name

**DUNEDIN SUNDOWNERS, INC.**

Principal Place of Business

2317 JONES DRIVE  
P.O. BOX 951  
DUNEDIN FL 34697

Mailing Address

P O BOX 951  
P.O. BOX 951  
DUNEDIN FL 34697  
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

**59-1771008**

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

**HARINETT, KAY Y**  
**1567 ROXBURY LN**  
**DUNEDIN FL 34698**

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, 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  
NAME **KNAPP, TED** ☒ Delete  
STREET ADDRESS **1460 BRADY**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE TD  
NAME **HARINETT, KAY Y** ☐ Delete  
STREET ADDRESS **1567 ROXBURY LN**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE D  
NAME **MCGARR, PATRICIA** ☒ Delete  
STREET ADDRESS **2296 MONACO LANE #22**  
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DAVID THOMAS** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **P.O. Box 951**  
CITY-ST-ZIP **Dunedin FL 34697**

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

TITLE **LAYLE KREMSKE** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1480 McLean St.**  
CITY-ST-ZIP **Dunedin FL 34698**

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

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

TITLE ☐ Change ☐ 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

**2/4/01 (727) 733 8646**

Date

Daytime Phone #

CR2E037 (10/00)