2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746328 1. Entity Name

SUNRISE ARC OF LAKE COUNTY, INC. Principal Place of Business Mailing Address 12340 CR 44 12340 CR 44 LEESBURG FL 34788 LEESBURG FL 34788

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90275 005 ****70.00

2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	59-1930274	18	_ 	olied For Applicable]
Zip	Country	Zip	Country	5. Certificate of	of Status Desired		8.75 Addi	tional	1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name	Name					
SHUMACKER, J. CECIL 911 N. BLVD. WEST LEESBURG FL 34748				Street Address (P.O. Box Number is Not Acceptable)					
LEESBURG FL 34/48			City			FL	Zip Code		-
8. The above	named entity submits this statement fo	r the purpose of changing its re	eaistered office or	registered agent, or both	o, in the state of Florid		<u></u>		1
	•	, . ,	- 3	and a second second	, , , , , , , , , , , , , , , , , , , ,	•			
CICNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
									┪
FILE NOW: 9. Election Camp			·	O _ GO.OO May be Make Oncok I ayabic					
i	FEE IS \$61.25	Trust Fund Contribu	tion.	Added to Fees	Depa	rtment	of State		
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	1
NAME	SHUMACKER, CECIL		NAME						1
STREET ADDRESS CITY-ST-ZIP	911 N. BLVD. W.		STREET ADDRESS CITY-ST-ZIP						5
TITLE	LEESBURG FL SD		1				Change	[Addition	- }
NAME	MARSHALL, LAURIE	☐ Delete	TITLE NAME				☐ Change	Addition	2
STREET ADDRESS	200 GOLF LINKS ROAD		STREET ADDRESS						İ
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP						
TITLE	VD	🔀 Delete	TITLE	PD			Change	X Addition	
NAME	LAROE, KENNETH		NAME	Bowling, J C					
STREET ADDRESS	212 VINCENT DRIVE		STREET ADDRESS	1861 Edgewat	er Drive				
CITY-ST-ZIP	MT. DORA FL TD		CITY-ST-ZIP	Mount Dora,	FL 32757				_
TITLE NAME	LAND, PATRICIA	🔀 Delete	NAME	VD Bartch, Chery	. , 1		☐ Change	X Addition	
STREET ADDRESS	P.O. BOX 329		STREET ADDRESS	1					ı
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	1126 Lane Pa					-
TITLE	VD	▶ Delete	TITLE	Tavares, FL TD	J4//0		☐ Change	 Addition	1
NAME	LEWIS, GREGORY	,-	NAME	Wendel, Harry	17		- •	_	
STREET ADDRESS	122 E MAIN STREET		STREET ADDRESS	5002 Greenbr					
CITY-ST-ZiP	TAVARES FL		CITY-ST-ZIP	Mount Dora,					
TITLE		☐ Delete	TITLE				Change	☐ Addition	1
NAME STREET ADDRESS			NAME CERCET ADDRESS						
CITY-ST-ZIP			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 the empowered.

SIGNATURE:

JC BOW ING OFFICER OF DIRECTOR
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

352-367-3486