2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State DOCUMENT # **746328** 1. Entity Name SUNRISEARC OF LAKE COUNTY, INC. 05-16-2002 90068 009 ****70.00 Principal Place of Business Mailing Address 12340 CR 44 12340 CR 44 LEESBURG' FL' 34788 LEESBURG FL 34788 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 Applied For 59-1930274 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ASKEW, JOHN W 702 GROVE STREET **EUSTIS FL 32726** City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)TITLE Delete ☐ Addition TITLE Change NAME SHUMACKER, CECIL STREET ADDRESS STREET ADDRESS 911 N. BLVD. W. CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL Delete ☐ Addition TITLE Change NAME MARSHALL, LAURIE NAME STREET ADDRESS 200 GOLF LINKS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 -TITI E · 🖭 Defete → 🐬 TITLE NAME BOWLING, J C NAME STREET ADDRESS STREET ADDRESS **1861 EDGEWATER DRIVE** CITY-ST-ZIP CITY-ST-ZIP Mount Dora FL 32757 VD ☐ Delete TITLE TITLE Change ☐ Addition NAME BARTCH, CHERYL NAME 1126 LANE PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TAVARES FL 32778 TITLE TD Delete TITLE Change ☐ Addition NAME Wendel, Harry NAME **5002 GREENBRIAR TRAIL** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 CEO ☐ Delete TITLE ☐ Change **Addition** NAME JOHN ASKEW 702 GROVE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Eustis** FL 32726 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #