## **FILED**

Apr 17, 2003 8:00 am § Secretary of State

04-17-2003 90217 007 \*\*\*\*70.00

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

**DOCUMENT # 746328** 

Principal Place of Business

SUNRISEARC OF LAKE COUNTY, INC.



12340 CR 44	12340 CR 44				
Leesburg Fl 34788	Leesburg FL 34788				
Us	US				
2. Principal Place of Business	3. Mailing Address				

S US								
Principal Place of Business     3. Malling Address								
35201 RADIO ROAD 35201 RADIO ROA						1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc. Suite, Apt. #, etc.				GHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1930274			Applied For
LEESBURG FL		LEESBURG FL			00 1000214			Not Applicable
'	Country 4 S A	Zip 34788	Country USA		5. Certificate of Status Desired	X	<b>\$8.75</b> Fee Req	Additional juired
	Address of Current Reg	istered Agent		-	7. Name and Address of New Re	gistered	Agent	
ACKEN TORN M				_Name		<u> </u>		
ASKEW, JOHN W -702 GROVE STREET 35201 RADIO ROAD EUSTIS FL 92720 LEE SBURG, FL 34788				Street Address (P.O. Box Number is Not Acceptable)				
EUSTIS FL 32728 L	.ee 364 Rb, 12	5 57 ( 5 )	l					
• •	,		Ì	City		FL	Zip (	Code
8. The above named entity sub the obligations of registered		e purpose of changing its	egistere	d office or register	ed agent, or both, in the State of Flori	da. I am	familiar w	ith, and accept
,	-							
SIGNATURE								·

DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CD	☐ Delete	TITLE	TD		☐ Change	Addition
NAME	BOWLING, J C		NAME	BIXLEY, TOM.			ļ
STREET ADDRESS	1861 EDGEWATER DRIVE		STREET ADDRESS	6025 GREENBRI	IAR TRAIL		}
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	MOUNT DORA F	-L 32757		
TITLE	VD	🔀 Delete	TITLE	70		☐ Change	Addition
NAME	BARTCH, CHERYL	•	NAME	FISCHER NEIL			
STREET ADDRESS	1126 LANE PARK ROAD		STREET ADDRESS	19800 U.S. HWY	44 1		
_CITY-ST-ZIP	TAVARES FL 32778	• • · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	LEES BURG FL	34788		
TITLE	TD	☑ Delete	TITLE	,		Change	☐ Addition
NAME	WENDEL, HARRY		NAME				}
STREET ADDRESS	5002 GREENBRIAR TRAIL		STREET ADDRESS				
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP				
TITLE	CEO	☐ Delete	TITLE			⊠ Change	☐ Addition
NAME	ASKEW, JOHN	V 20 1	NAME	- 1001 Pas			
STREET ADDRESS	702 GROVE STREET 30 20/ API 2	no Ra.	STREET ADDRESS	35201 RADIO	O KOAD		
CITY-ST-ZIP	ASKEW, JUTIN 702 GROVE STREET 36201 RAT EUSTIS FL 32726 LEESBURG	FL 34788	CITY-ST-ZIP	LEESBURG, P	-L 34788		
TITLE		☐ Delete	TITLE	,		Change	☐ Addition
NAME		ĺ	NAME				1
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME			=	
STREET ADDRESS			. Street address				}
CITY-ST-ZIP			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 eath; 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: