

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764643

1. Entity Name

SUNRISE OF PASCO COUNTY, INC.

Principal Place of Business

12724 SMITH RD  
DADE CITY FL 33525  
US

Mailing Address

PO BOX 928  
DADE CITY FL 33526-0928  
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

59-2284119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVIE, ALFRED J JR.  
38100 MERIDIAN AVE.  
DADE CITY FL 33525

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
COLBY, FRED  
14152 JENNIFER WAY  
DADE CITY FL 33525 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
FinFrock, Martha  
6354 Silver Oaks  
Zephyrhills, FL 33541 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KENDRICK, WILLIAM  
P.O. BOX 1975  
DADE CITY FL 33526 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Chapman, Saybra  
38608 Burger Lane  
Dade City, FL 33523 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CT  
GRAY, KEN  
5344 9TH ST.  
ZEPHYRHILLS FL 33540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Pamisto, John  
37546 Martindale Ave  
Zephyrhills, FL 33541 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCT  
DITTENBER, ARNOLD  
7110 JASON DR.  
ZEPHYRHILLS FL 33539 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Dobson, Irene  
39816 Cole Ave  
Zephyrhills, FL 33540 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
F ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Sartain, Linda  
37322 Meridian Ave  
Dade City, FL 33525 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Burnette Robert  
5938 8th St  
Zephyrhills, FL 33540 ☐ Change ☒ Addition

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

1/12/2000

Date

(352) 788-4514

Daytime Phone #

CR2E037 (9/99)