

## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2001 8:00 am  
Secretary of State

03-22-2001 90011 037 \*\*\*\*61.25

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

ME, 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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	FINFROCK, MARTHA T	
STREET ADDRESS	6354 SILVER OAKS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KENDRICK, WILLIAM	
STREET ADDRESS	P.O. BOX 1975	
CITY-ST-ZIP	DADE CITY FL 33526	

TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	GRAY, KEN	
STREET ADDRESS	5344 9TH ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	VCT	<input type="checkbox"/> Delete
NAME	DITTENBER, ARNOLD T	
STREET ADDRESS	7110 JASON DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33539	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, SAYBRA	
STREET ADDRESS	38608 BURGER LANE	
CITY-ST-ZIP	DADE CITY FL 33523	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NAMISLO, JOHN	
STREET ADDRESS	37546 MARTINDALE AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTENBER, ARNOLD	
STREET ADDRESS	7110 JASON DR	
CITY-ST-ZIP	Zephyrhills FL 33539	

TITLE	VICE-CHAIR T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRILL, DAVID	
STREET ADDRESS	37314 Meridian Ave	
CITY-ST-ZIP	Dade City, FL 33525	

TITLE	<del>Secy</del> T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, WILBUR	
STREET ADDRESS	35830 S.R. 52	
CITY-ST-ZIP	Dade City, FL 33525	

TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finfrock, Martha	
STREET ADDRESS	6354 Silver Oaks	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Mar. 6 2001 (352) 523-0469

Date

Daytime Phone #

CR2E037 (10/00)