

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90077 007 \*\*\*61.25

**DOCUMENT # 764643**

1. Entity Name

**SUNRISE OF PASCO COUNTY, INC.**

Principal Place of Business

Mailing Address

12724 SMITH RD  
 DADE CITY FL 33525  
 US

PO BOX 928  
 DADE CITY FL 33526  
 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

**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

Signature, typed or printed name of registered agent and fee 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

T ☐ Delete  
 NAME **FINFROCK, MARTHA**  
 STREET ADDRESS **6354 SILVER OAKS**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

VCT ☐ Delete  
 NAME **MORRILL, DAVID**  
 STREET ADDRESS **57314 MERIDIAN AVE**  
 CITY-ST-ZIP **DADE CITY FL 33525**

ST ☒ Delete  
 NAME **BUSH, WILBUR**  
 STREET ADDRESS **35830 SR 52**  
 CITY-ST-ZIP **DADE CITY FL 33525**

CT ☒ Delete  
 NAME **DITTENBER, ARNOLD**  
 STREET ADDRESS **7110 JASON DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33539**

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**President Trustee** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Secretary Trustee** ☒ Change ☒ Addition  
 NAME **FOX, LINDA**  
 STREET ADDRESS **38042 PASCO AVE**  
 CITY-ST-ZIP **DADE CITY FL 33525**

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/01)