

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000797** *5381-1/Taylor*
 1. Entity Name *Made*
SUNRISE TOWERS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY 1 AM 10:44

Principal Place of Business
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA FL 34236

Mailing Address
P.O. BOX 49948
SARASOTA FL 34230-6948



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 **65-0498651** 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

BAND, DAVID S
240 S. PINEAPPLE AVE. 10TH FLR.
SARASOTA FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$421,400.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$421,400.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--|--|--------------------------|--|
| DOCUMENT # | P94000043696 | | STREET ADDRESS | |
| NAME | SUNRISE TOWERS CORP. | | CITY - ST - ZIP | |
| STREET ADDRESS | 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR | | | |
| CITY - ST - ZIP | SARASOTA FL 34236 | | | |
| DOCUMENT # | | | STREET ADDRESS | |
| NAME | | | CITY - ST - ZIP | |
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| CITY - ST - ZIP | | | | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *David S. Band* **David S. Band, as Director of Sunrise Towers Corp., a Florida corporation, general partner** 04/20/00 941-366-6660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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 CR2E00: (/)