

2002 UNIFORM BUSINESS REPORT (UBR)

0015440 AT

DOCUMENT # **A94000000797**

1. Entity Name

SUNRISE TOWERS, LTD.

#5381-1

FILED

02 MAY -3 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2825 Central Avenue

Suite, Apt. #, etc.

#112

City & State

Ft. Myers, Florida

Zip

33901

Country **USA**

3. Mailing Address

2825 Central Avenue

Suite, Apt. #, etc.

#112

City & State

Ft. Myers, Florida

Zip

33901

Country **USA**

DUE BY MAY 1, 2002

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

BAND, DAVID S

240 S. PINEAPPLE AVE. 10TH FLR.

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Linda Steele

Street Address (P.O. Box Number is Not Acceptable)

2825 Central Avenue #112

City

Ft. Myers

FL

Zip Code

33901

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.

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

DOCUMENT # **P94000043896**
NAME **SUNRISE TOWERS CORP.**
STREET ADDRESS **240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR**
CITY-ST-ZIP **SARASOTA FL 34236**

DOCUMENT # **F01000006267**
NAME **Brookside Properties, Inc.**
STREET ADDRESS **3775 Wales Ave., Suite 2**
CITY-ST-ZIP **Massillon, OH 44646**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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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: **BROOKSIDE PROPERTIES, INC.**
GARRY L. OAKES 04/23/02 330.830.1203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)