

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90064 043 \*\*\*150.00

**DOCUMENT # F01000001337**

1. Entity Name

**SUN-RICH OF ATLANTA, INC.**

Principal Place of Business

**C/O PAMELA HURLEY  
 910 PROSPECT STREET  
 PERU IL 61354**

Mailing Address

**C/O PAMELA HURLEY  
 910 PROSPECT STREET  
 PERU IL 61354**

2. Principal Place of Business

**807 E. Main St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 469**  
 Suite, Apt. #, etc.

City & State

**Immokalee, FL**

City & State

**Peru, IL**

Zip

**34143**

Country

**Collier**

Zip

**61354**

Country

**LaSalle**

4. FEI Number

**36-4043608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**Paul G. Fletcher**

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

**1500 South Dixie Highway - Suite 200**

City

**Coral Gables**

**FL**

Zip Code

**33146**

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEECE, WILLIAM M	
STREET ADDRESS	1141 PERSIAN LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEECE, WILLIAM M JR.	
STREET ADDRESS	745 S.W. 148TH STREET, #802	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	<del>V</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>WEST, JAMES H</del>	
STREET ADDRESS	<del>3605 2181 AVENUE WEST</del>	
CITY-ST-ZIP	<del>BRADENTON FL 34205</del>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HURLEY, PAMELA J	
STREET ADDRESS	910 PROSPECT AVE.	
CITY-ST-ZIP	PERU IL 61354	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEECE, WILLIAM M	
STREET ADDRESS	960 Cape Marco Drive	
CITY-ST-ZIP	Marco Island, FL 34145	
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		
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pamela J. Hurley**

**2/12/02**

Secretary

Date

Daytime Phone #

CR2E034 (9/01)