

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90062 048 ***150.00

06255965 AT

DOCUMENT # F01000001616

1. Entity Name
SUN-RICH OF FLORIDA, INC.

Principal Place of Business

910 PROSPECT AVENUE
PERU IL 61354

Mailing Address

910 PROSPECT AVENUE
PERU IL 61354

2. Principal Place of Business

3. Mailing Address

P.O. Box 469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Peru, IL

Zip

Country

61354

Country

LaSalle

4. FEI Number

36-3992958

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

FLETCHER, PAUL G
1500 SOUTH DIXIE HWY, STE 200
CORAL GABLES FL 33146

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **NEECE, WILLIAM M**
CITY-ST-ZIP **960 CAPE MARCO DRIVE, UNIT 1102**
MARCO ISLAND FL

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **NEECE, ROBERT**
CITY-ST-ZIP **1164 WICKER DRIVE**
COLONIAL HEIGHTS VA

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HURLEY, PAMELA J**
CITY-ST-ZIP **910 PROSPECT AVENUE**
PERU IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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)