

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003229

1. Entity Name

SUNRISE TRACTOR & EQUIPMENT, INC.

Principal Place of Business

6101 ORANGE AVENUE  
FT. PIERCE FL 34947

Mailing Address

6101 ORANGE AVENUE  
FT. PIERCE FL 34947

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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, 2001 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  
NAME KINDRED, TOM JR  
STREET ADDRESS 1715 YORK CT  
CITY-ST-ZIP FT. PIERCE FL 34982 ☐ Delete

TITLE DV  
NAME NEUENSCHWANDER, G K  
STREET ADDRESS 500 DILLER AVENUE  
CITY-ST-ZIP NEW HOLLAND PA 17557 ☐ Delete

TITLE DST  
NAME WILLIAMS, WARD  
STREET ADDRESS 5401 EDGERTON DR  
CITY-ST-ZIP NORCROSS GA 30092 ☐ Delete

TITLE AS  
NAME LANDIS, SHERI L  
STREET ADDRESS 500 DILLER AVENUE  
CITY-ST-ZIP NEW HOLLAND PA 17557 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DV  
NAME RECKER, DENNIS  
STREET ADDRESS 500 DILLER AVENUE  
CITY-ST-ZIP NEW HOLLAND PA 17557 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM KINDRED JR.

1/08/01

Date

561-461-3747

Daytime Phone #

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90183 016 \*\*\*150.00

611212



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)