

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01917

1. Entity Name

SUNSET LAKE PARK RESIDENTS ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90029 040 ***150.00

Principal Place of Business

2520 SUNSET PT RD
LOT 86
CLEARWATER FL 33765

Mailing Address

2520 SUNSET POINT RD.
LOT #86
CLEARWATER FL 33765-1522
US

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 **59-2644941**

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

BRITTAIN, DOROTHY
2520 SUNSET PT RD #86
CLEARWATER FL 33765

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, 2000 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	BM	<input type="checkbox"/> Delete
NAME	EVENER, ADA	
STREET ADDRESS	2520 SUNSET PT RD 47	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVENER, FRANK	
STREET ADDRESS	2520 SUNSET PT. RD #47	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRITTAIN, DOROTHY	
STREET ADDRESS	2520 SUNSET PT RD #86	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MASSARO, JOSEPH	
STREET ADDRESS	2520 SUNSET PT RD #86	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRITTAIN, EUGENE	
STREET ADDRESS	2520 SUNSET POINT RD #86	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LILLIAN JUMP	
STREET ADDRESS	2520 SUNSET POINT RD. # 31	
CITY-ST-ZIP	CLEARWATER, FL 33765	

TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ZIMMERMAN	
STREET ADDRESS	2520 SUNSET POINT RD. # 29	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLIAN JUMP	
STREET ADDRESS	2520 SUNSET POINT RD. # 21	
CITY-ST-ZIP	CLEARWATER, FL 33765	
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:

Dorothy L. Brittain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 (121) 799-917
Date

Daytime Phone #

CR2E034 (9/99)