

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000008571****1. Entity Name**
BOOS-MCBRIDE SUNRISE, LLC

Principal Place of Business 19321-C U.S. HIGHWAY 19 NORTH, SUITE 605 CLEARWATER FL 33764	Mailing Address 19321-C U.S. HIGHWAY 19 NORTH, SUITE 605 CLEARWATER FL 33764
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2. Principal Place of Business C/O BOOS DEVELOPMENT GROUP, INC.	3. Mailing Address C/O BOOS DEVELOPMENT GROUP, INC.
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Suite, Apt. #, etc. 2633 MCCORMICK DRIVE, SUITE 102	Suite, Apt. #, etc. 2633 MCCORMICK DRIVE, SUITE 102
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33759	Country	Zip 33759	Country
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4. FEI Number 59-3659280	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTANLEY BRYAN J
401 JACKSONV STREET, 2700 SUNTRUST FINANCIAL CENTRE
TAMPA FL 33602 US**7. Name and Address of New Registered Agent**Name
STANLEY BRYAN JESQ
Street Address (P.O. Box Number is Not Acceptable)
2700 SUNTRUST FINANCIAL CENTRE
401 E. JACKSON STREET
City TAMPA FL Zip Code 33602**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 BRYAN J. STANLEY****03/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOS DEVELOPMENT GROUP, INC. 2633 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE: Robert D. Boos****MGRM 03/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)