

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90313 042 ***158.75

DOCUMENT # L31231

1. Entity Name

SUNRISE TOUR AND TRAVEL INC.

Principal Place of Business

Mailing Address

P O BOX 702077
ST CLOUD FL 34770

P O BOX 702077
ST CLOUD FL 34770

2. Principal Place of Business

500 E 5TH ST

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

4. FEI Number

59-2974207

Applied For

Not Applicable

5. Certificate of Status Desired

Y

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, DEANIE EILAND
500 E. 5TH ST.
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name
DEANIE EILAND

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

500 E. 5TH ST.

ST. CLOUD, FL 34769

City
ST. CLOUD, FL

FL

Zip Code
34769

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 Deanie Eiland

DEANIE EILAND

02-20-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BURGESS, DEANIE EILAND 500 E 5TH ST ST CLOUD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURGESS, DONALD L. 500 E 5TH ST ST CLOUD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEANIE EILAND 500 E 5TH ST. ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LYNNE + HACKER 500 E. 5TH ST ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. / Treas. Sue Webb 500 E. 5TH ST ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Deanie Eiland, DEANIE EILAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-01

Date

407-957-4825

Daytime Phone #

0560196

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

C0024858