

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33164

1. Entity Name

SUNSET GARDENS OF SAN ANTONIO, INC.

Principal Place of Business

C/O JEROME G. SCHRADER

37837 MER AVE STE 314

DADE CITY, FL 33525

US

Mailing Address

P.O. BOX 77

SAN ANTONIO, FL 33576

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

59-2987125

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

SCHRADER, JEROME G.

37837 MERIDIAN AVE

STE 314

DADE CITY, FL 33525

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 (If any)

TITLE DS- ☐ Delete
NAME SCHRADER, JEROME G.
STREET ADDRESS 37837 MWE AVW STE 314
CITY-ST-ZIP DADE CITY, FL

TITLE DP ☐ Delete
NAME SCHRADER, THOMAS A.
STREET ADDRESS 33923 DUNNE RD
CITY-ST-ZIP SAN ANTONIO, FL 33576

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 ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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)(b), 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. 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 12, as applicable, changed, or on an attachment with an address, with all other like empowered.

THOMAS A. SCHRADER

Thomas A. Schrader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

352 588-2501

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90001 039 ***150.00

DO NOT WRITE IN THIS SPACE