

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**  
 04-28-2001 90024 022 \*\*\*150.00

0617971

**DOCUMENT # L33164**

1. Entity Name

**SUNSET GARDENS OF SAN ANTONIO, INC.**

Principal Place of Business

**C/O JEROME G. SCHRADER  
 37837 MERIDIAN AVE STE 314  
 DADE CITY FL 33525  
 US**

Mailing Address

**P.O. BOX 77  
 SAN ANTONIO FL 33576  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12744 CURLEY RD  
 Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SAN ANTONIO FL**

City & State

4. FEI Number

**59-2987125**

Applied For

Not Applicable

Zip

**33576**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHRADER, JEROME G.  
 37837 MERIDIAN AVE  
 STE 314  
 DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

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

**13815 US 98 BYPASS**

**DADE CITY FL**

City

**DADE CITY**

**FL**

Zip Code

**33525**

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 **DS** ☐ Delete  
 NAME **SCHRADER, JEROME G.**  
 STREET ADDRESS **37837 MERIDIAN AVE 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **13815 US 98 BYPASS**  
 CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**THOMAS A SCHRADER**

*Thomas A. Schrader*

**4-23-01**

Date

**352 588-2501**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)