

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83578

1. Entity Name

SUNRISE FARMS, INC.

Principal Place of Business

Mailing Address

5597 WESTERN WAY  
LAKE WORTH FL 33463  
US

5597 WESTERN WAY  
LAKE WORTH FL 34447-0827  
US

2. Principal Place of Business

3. Mailing Address

5263 So. SPYGLASS Pt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMOSASSA FL.

Zip

Country

34448

USA

4. FEI Number

65-0201006

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

PECK, MATT  
5263 S SPY GLASS PT  
HOMOSASSA FL 34448

Name

FRANK C. PECK

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

5263 So SPYGLASS Pt

City

HOMOSASSA

FL

Zip Code

34448

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	P	<input type="checkbox"/> Delete
NAME	PECK, FRANK C.	
STREET ADDRESS	5263 S SPYGLASS PT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PECK, BARBARA G.	
STREET ADDRESS	5263 S SPYGLASS PT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank C. Peck, President FRANK C PECK President 2/27/00 352-621-3257



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90053 035 \*\*\*150.00