

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009150 AF

DOCUMENT # **L99000000348**

1. Entity Name  
**SUNRAY INVESTMENTS, LLC**

FILED

00 APR 12 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**PMB #104**  
4501 MANATEE AVE. WEST  
BRADENTON FL 34205

Mailing Address  
**PMB #104**  
4501 MANATEE AVE. WEST  
BRADENTON FL 34209-3962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DION, RICHARD L**  
4501 MANATEE AVE. WEST  
BRADENTON FL 34205

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 *Richard L. Dion*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/6/00*

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM**  
**DION, RICHARD L**  
STREET ADDRESS  
4501 MANATEE AVE. WEST  
CITY-ST-ZIP  
BRADENTON FL 34205

TITLE NAME  Change  Addition  
**MGRM**  
**PETERS, GERALD J.**  
STREET ADDRESS  
6007 96 AVE W  
CITY-ST-ZIP  
BRADENTON, FL 34209

TITLE NAME  Delete  
**MGRM**  
**CARLSON, GEORGE B JR**  
STREET ADDRESS  
4501 MANATEE AVE. WEST  
CITY-ST-ZIP  
BRADENTON FL 34205

TITLE NAME  Change  Addition  
**MGRM**  
**KIETH DEITZ**  
STREET ADDRESS  
1711 12TH AVE W.  
CITY-ST-ZIP  
BRADENTON, FLA 34205

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**300003217923--3**  
STREET ADDRESS  
-04/21/00--01012--005  
CITY-ST-ZIP  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE

Daytime Phone #

*Richard L. Dion*

(941) 750-6803

*4/6/00*

CR2E083 (9/99)