

# 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 34209-3952

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

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

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

(941) 750-6803

4/6/00

CR2E083 (9/99)