

Remstatement
2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 OCT 24 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DO NOT WRITE IN THIS SPACE

DOCUMENT # **198000000266**

1. Entity Name
Sunrise Village Community, L.C.

Principal Place of Business
**799 Clearlake Road
Cocoa, Florida 32922**

Mailing Address
**9 Corporation Center
Broadview Heights OH 44147**

2. Principal Place of Business
799 Clearlake Road

3. Mailing Address
9 Corporation Center

Suite, Apt. #, etc.

City & State
Cocoa Florida

City & State
Broadview Hts Ohio

Zip
32922

Country
Brevard

Zip
44147

Country
Cuyahoga

4. FEI Number
34-1864332

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Corporation Service Company
1201 Hays Street
Tallahassee FL 32301**

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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  **BRIAN COURTNEY, ASST. V.P.** **10/23/2000**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
MGRM

NAME
Richard A. Placido

STREET ADDRESS
20220 Center Ridge Road #120

CITY-ST-ZIP
Rocky River Ohio 44116

☐ Delete

TITLE
MGR

NAME
Daniel E. Inks

STREET ADDRESS
9 Corporation Center

CITY-ST-ZIP
Broadview Hts Ohio 44147

☐ Delete

TITLE
MGRM

NAME
Roger D. Stake

STREET ADDRESS
3228 S.W. Martin Downs Blvd #1

CITY-ST-ZIP
Palm City Florida 34990

☐ Delete

TITLE
MGRM

NAME
Roy M. Arbree

STREET ADDRESS
3228 S.W. Martin Downs Blvd #1

CITY-ST-ZIP
Palm City Florida 34990

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

000003456210--8

-11/07/00--01123--018

*******100.00 *****100.00**

☐ Change ☐ Addition

000003456210--8

-11/07/00--01123--019

*******50.00 *****50.00**

☐ Change ☐ Addition

000003456210--8

-11/07/00--01123--020

*******5.00 *****5.00**

☐ Change ☐ Addition

000003456210--8

-11/07/00--01123--021

*******5.00 *****5.00**

☐ Change ☐ Addition

000003456210--8

-11/07/00--01123--022

*******5.00 *****5.00**

☐ Change ☐ Addition

000003456210--8

-11/07/00--01123--023

*******5.00 *****5.00**

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:  **Administrative Manager** **10-12-2000** **440-838-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #