

2001 UNIFORM BUSINESS REPORT (UBR)

0028212 AF

DOCUMENT # M98000000266

1. Entity Name

SUNRISE VILLAGE COMMUNITY, L.C.

FILED

01 JAN 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

799 CLEARLAKE ROAD
COCOA FL 32922

Mailing Address

9 CORPORATION CENTER
BROADVIEW HEIGHTS OH 44147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1864332

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM PLACIDO, RICHARD A ☐ Delete
STREET ADDRESS 20220 CENTER RIDGE ROAD, #120
CITY-ST-ZIP ROCKY RIVER OH 44118

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

TITLE NAME MGR INKS, DANIEL E ☐ Delete
STREET ADDRESS 9 CORPORATION CENTER
CITY-ST-ZIP BROADVIEW HEIGHTS OH 44147

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003623706--7
CITY-ST-ZIP -02/02/01--01011--010
*****50.00 *****50.00

TITLE NAME MGRM STAKE, ROGER D ☐ Delete
STREET ADDRESS 3228 S.W. MARTIN DOWNS BLVD. #1
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE NAME MGRM ARBREE, RAY M ☐ Delete
STREET ADDRESS 3228 S.W. MARTIN DOWNS BLVD. #1
CITY-ST-ZIP PALM CITY FL 34990

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Administrative
Manager

President

01-19-01

440-838-4868

Date

Daytime Phone #

CR2E083 (11/00)