

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 009 ***158.75

DOCUMENT # M980000000266

1. Entity Name

✓
Sunrise Village Community, L.C.

DO NOT WRITE IN THIS SPACE

966030

2. Principal Place of Business

799 Clearlake Rd.

3. Mailing Address

9 Corporation Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Broadview Hts, OH

4. FEI Number

34-1864332

Applied For

Not Applicable

Zip

Country

Brevard

Zip

Country

44147 Cuyahoga

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	MGRM
NAME	Richard A. Placido
STREET ADDRESS	1400 Northpoint Tower
CITY-ST-ZIP	1001 Lakeside Ave. Cleveland, Ohio 44115-1152
TITLE	MGR
NAME	Daniel E. Inks
STREET ADDRESS	9 Corporation Center
CITY-ST-ZIP	Broadview Hts., Ohio 44147
TITLE	MGRM
NAME	Roger D. Stake
STREET ADDRESS	3228 S.W. Martin Downs Blvd. #1
CITY-ST-ZIP	Palm City, FL 34990
TITLE	MGRM
NAME	RAYM. Ar bree
STREET ADDRESS	3228 S.W. Martin Downs Blvd. #1
CITY-ST-ZIP	Palm City, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Administrative Manager 4/22/02 440-838-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)