

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29958

1. Entity Name

THE SUN ROOM SENIOR CENTER, INC.

Principal Place of Business

3015 HERRING AVE
SEBRING FL 33870

Mailing Address

3015 HERRING AVE
SEBRING FL 33870-1067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SWENSON, J RICHARD
220 THRUSH AVE
SEBRING FL 33872

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SWENSON, J R	
STREET ADDRESS	220 THRUSH AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, DALE	
STREET ADDRESS	226 LOON AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAUMER, DAN	
STREET ADDRESS	2630 WHATLEY BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DELL, DOTTIE	
STREET ADDRESS	2724 DESOTO ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, SAMUEL D	
STREET ADDRESS	1000 WOODMERE DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. R. Swenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90106 043 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2940854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)