

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29958

1. Entity Name

THE SUN ROOM SENIOR CENTER, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90125 035 ****61.25

Principal Place of Business	Mailing Address
3015 HERRING AVE SEBRING FL 33870	3015 HERRING AVE SEBRING FL 33870

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2940854	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

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

I, 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 _____ (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	KING, SAMUEL D
STREET ADDRESS	1000 WOODMERE DR
CITY-ST-ZIP	AVON PARK FL
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, JOAN
STREET ADDRESS	4109 PAR COURT
CITY-ST-ZIP	SEBRING FL 33870
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMER, DAN
STREET ADDRESS	2630 WHATLEY BLVD
CITY-ST-ZIP	SEBRING, FL
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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)