

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002164

1. Entity Name

SUNRISE COMMUNITY OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90005 001 \*1,050.00

Principal Place of Business	Mailing Address
9040 SUNSET DR SUITE 70-A MIAMI FL 33173	9040 SUNSET DR SUITE 70-A MIAMI FL 33173-3432

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

Zip	Country	Zip	Country
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4. FEI Number	65-0583893	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEECH, LESLIE W JR. 9040 SUNSET DR SUITE 70-A MIAMI FL 33173

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CROWTHER, CONNIE 334 MINORCA AVE CORAL GABLES FL 33134-4304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D TUCKER, GERALDINE 8100 SW 133 CT MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WEINGER, STEVEN M 2650 SW 27 AVE MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LEECH, LESLIE W. JR. 9040 SUNSET DRIVE STE 70-A MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST WEEKS, JAMES G. 9040 SUNSET DRIVE STE 70-A MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BRINGARDNER, THOMAS A 4001 TAMiami TRIAL NORTH NAPLES FL 33103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Leslie W. Leech, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leslie W. Leech, Jr. 1-5-00*

Date

*305-596-9040*

Daytime Phone #

CR2E037 (9/99)