FILED

Leslie W. Leech, Jr., President & CEO 1/9/01 (305)-596-9040

Date

Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE

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## Feb 09, 2001 8:00 am DOCUMENT # N95000002164 Secretary of State 1. Entity Name SUNRISE COMMUNITY OF SOUTHWEST FLORIDA, INC. 02-09-2001 90199 001 \*1.050.00 Principal Place of Business Mailing Address 9040 SUNSET DR 9040 SUNSET DR 25634 SUITE 70-A SUITE 70-A MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0583893 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEECH, LESLIE W JR. 9040 SUNSET DR SUITE 70-A City Zip Code **MIAMI FL 33173** FL 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE Director ☐ Change **X** Addition TITLE ☐ Delete GEORGE L. Spelios 16920 SW 192 Street CROWTHER, CONNIE NAME NAME STREET ADDRESS 334 MINORCA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-4304 CITY-ST-ZIP Miami Florida 33187 Delete ☐ Addition TITLE ☐ Change TITLE TUCKER, GERALDINE NAME NAME STREET ADDRESS 8100 SW 133 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Change ☐ Addition Delete TITLE TITLE WEINGER, STEVEN M NAME NAME STREET ADDRESS STREET ADDRESS 2650 SW 27 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition ☐ Change TITLE ☐ Delete TITLE LEECH, LESLIE W. JR. NAME NAME STREET ADDRESS 9040 SUNSET DRIVE STE 70-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE ☐ Delete TITLE ☐ Change WEEKS, JAMES G. NAME NAME STREET ADDRESS 9040 SUNSET DRIVE STE 70-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change Addition BRINGARDNER, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TRIAL NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33103 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