

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90065 001 \*\*\*\*61.25

**DOCUMENT # N98000001040**

1. Entity Name

**SUNSHINE REGIONAL ASSOCIATION OF RSES, INC.**

00031750



DO NOT WRITE IN THIS SPACE

Principal Place of Business 112 W PINE AVE LONGWOOD FL 32750	Mailing Address 112 W PINE AVE LONGWOOD FL 32750-4152
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2. Principal Place of Business <b>572 NW FLORESTA DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>572 NW FLORESTA DR</b> Suite, Apt. #, etc.
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City & State <b>PORT SAINT LUCIE, FL</b>	City & State <b>PORT SAINT LUCIE, FL</b>
Zip <b>34983-8615</b>	Zip <b>34983-8615</b>
Country	Country

4. FEI Number <b>23-7094300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLOSKS, NICHOLAS**  
**112 W PINE AVE**  
**LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **RICHARD STEINBERG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**572 NW FLORESTA DR.**  
 City **PORT SAINT LUCIE FL** Zip Code **34983-8615**

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 DATE **2-28-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STEINBERG, RICHARD</b> <b>572 NW FLORESTA</b> <b>PORT ST LUCIE FL 34983</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BACHNER, KENNETH</b> <b>4729 ARTHUR ST</b> <b>PALM BEACH GARDENS FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ANNECHINO, DAN</b> <b>115 114TH TER. NE</b> <b>SAINT PETERSBURG FL 33716</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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: DATE **2-28-00** DAYTIME PHONE # **561-878-9713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)