

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90064 008 ****61.25

DOCUMENT # N98000001040

1. Entity Name

SUNSHINE REGIONAL ASSOCIATION OF RSES, INC.

Principal Place of Business

Mailing Address

**572 NW FLORESTA DR
 PORT SAINT LUCIE FL 34983-8615**

**572 NW FLORESTA DR
 PORT SAINT LUCIE FL 34983-8615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7094300

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINBERG, RICHARD
 572 NW FLORESIA DR
 PORT SAINT LUCIE FL 34983-8615**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **STEINBERG, RICHARD**
 STREET ADDRESS: **572 NW FLORESTA**
 CITY-ST-ZIP: **PORT ST LUCIE FL 34983**

TITLE: ~~David Dunn~~ Change Addition
 NAME: **DAVID DUNN** *Member of Board of Directors*
 STREET ADDRESS: **1313 Golfview St**
 CITY-ST-ZIP: **Orlando, FL 32804**

TITLE: **D** Delete
 NAME: **BACHNER, KENNETH**
 STREET ADDRESS: **4729 ARTHUR ST**
 CITY-ST-ZIP: **PALM BEACH GARDENS FL 33418**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **ANNECHINO, DAN**
 STREET ADDRESS: **115 114TH TER. NE**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33716**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change 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 information.

SIGNATURE:

SIGNATURE REQUIRED RICHARD STEINBERG

2-6-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-878-9713

CH2E037 (9/01)