

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

04-26-2000 90174 046 ****61.25

DOCUMENT # N99000000943

1. Entity Name

SUNRISE THEATRE, INC.

Principal Place of Business

117 SOUTH 2ND ST
 FORT PIERCE FL 34950

Mailing Address

106 SOUTH DEPOT DR
 FORT PIERCE FL 34950-4325

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

65-0916173

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

TILLMAN, DORIS
106 SOUTH DEPOT DR
FORT PIERCE FL 34950

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

Doris D. Tillman

Doris D. Tillman

4/20/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME ☐ Delete

Chair (T)
Michael Horowitz
5312 Statelty Oaks Street
Ft. Pierce, FL 34981

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

DS (T)
Alexandra Hellstrom
1515 Pine Hollow Drive
Ft. Pierce, FL 34982

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

Director (D)
John Wilkes
4420 River Pine Court
Tequesta, FL 33469

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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:

Michael Horowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)